ARCh CAMP POW WOW

WE ARE SO EXCITED!

And we're just waiting for you to come and join us as we laugh and learn, run, roll and play, while making new friends and memories to last a lifetime!

Your summer fun includes…

- Swimming
- Canoe trips
- Dance parties
- Sing-alongs
- Yoga
- Cooking and baking
- Sensory art projects
- Kickball
- Eating food grown in our very own garden

LET'S GO FISHING!

ARCh Camp Pow Wow was founded in 1959 by local parents who wanted a world where all children would be valued and encouraged to participate. This is your amazing place to stretch and grow…let the outdoor adventure begin!

EVERYONE IS WELCOME!

ARCh Camp Pow Wow welcomes children and adults with cognitive challenges, physical health difficulties, learning disabilities, autism spectrum disorders, and a variety of other diagnoses. Some campers use wheelchairs, walkers or other devices to enhance mobility, while other require a regimen of medications or diligent monitoring of blood sugar.

SPEND YOUR SUMMER OUTDOORS!

OUR PHILOSOPHY

Every camper is accepted, valued and encouraged to participate in every aspect of the outdoor camp experience. Camp activities are group-based in order to foster development of social skills and friendships. Activities are adapted to meet the needs of individual campers as necessary.

ACCEPTED
VALUED
ENCOURAGED

ARCh CAMP POW WOW

OUR PROGRAMMING

Every camp experience includes elements of life skills, fitness, sensory activities, art projects and waterfront activities. Campers will spend the vast majority of their time outside. Throughout every camp session, campers are encouraged to:

- Meet new people
- Express thoughts, feelings and needs
- Try new experiences

DAY CAMP – CHILDREN AND ADULTS

Day camp sessions run from 10 a.m. – 3 p.m. Monday – Friday with plenty of friends and fun in the sun! Camper families make their own arrangements for daily transportation and campers bring their lunch each day.

LOCATION

ARCh Camp Pow Wow is located in Menomonee Park (W220 N7884 Town Line Road (Hwy V) in Menomonee Falls, WI). We are delighted to partner with the Waukesha County Department of Parks and Land Use to offer camp in a safe, beautiful natural setting complete with hiking trails, lake and wildlife!

IMPACT A LIFE…SPONSOR A CAMPER

Many children and adults with disabilities lack the financial resources to attend camp. Children may come from homes undergoing financial stress. Adults working in sheltered employment often earn just $60 per month.

You can make a dream come true by sponsoring a Campership!

Your gift in any amount will help make camp possible for someone who, without your help, could not participate. **If you can help a deserving individual have an unforgettable experience, please indicate your sponsorship on your registration page.** On behalf of many grateful children and adults, thank you for your kindness!

KNOW BEFORE YOU APPLY

- **Camp is an all-outdoor activity**; it often gets hot, it may rain, and there are always bugs, grass and other facets of an outdoor environment. If your camper is not willing to participate in an outdoor program, you may wish to investigate other summer respite opportunities.

- Applications are due no later than Monday, April 18, 2022.

- Final payment is due Monday, May 9, 2022.

- Each camper is required to submit proof of COVID -19 vaccination with application.

- Camper families make their own arrangements for daily transportation.

- Campers bring a bag lunch to each day of camp.

- Each camper, including returning campers, must be assessed by ARCh staff before an application is accepted to determine status.

- ARCh cannot provide any 1:1 camper-to-staff coverage in 2022.

- All campers are required to be ARCh members. If your application is accepted, you will be contacted to renew or obtain a membership.

- All campers must provide ARCh with a Health Examination form completed by a qualified medical provider by Wednesday, June 1, 2022.

- If a third party is billed and that third party does not pay, the "Responsible Party" is liable for all camp fees.

A WORD ABOUT COVID-19

After 2 years of operating virtual camp, we hope to return to in person camp in Summer of 2022. According to the CDC, people with disabilities have extreme vulnerability to adverse outcomes from COVID-19. Based on recommendations from our health advisors, we have taken steps to implement protocols that will mitigate risks for all. The following precautions will be observed as we pursue our goal of balancing fun with safety:

1. Anyone who is not vaccinated against COVID-19 will not be permitted to enter the ARCh Camp Pow Wow site between 8 am and 5 pm Monday – Friday during camp weeks.
2. Proof of COVID-19 vaccination will be required from anyone (campers, staff, volunteers, guests, etc.) for anyone who wishes to enter the campsite, including camper family members.
3. Staff will wear masks indoors and when providing personal care.
4. Campers will be encouraged to wear masks indoors.
5. Staff will be trained in cleaning procedures which will be completed daily, Monday-Friday.
6. Mobile hand sanitizer units will be available at several locations throughout camp.
7. A detailed COVID-19 policy will be provided upon acceptance of application.

No refunds related to COVID -19 are available.
Thank you for your cooperation to make camp safe and successful for all.

CHILD APPLICATION

Due April 18, 2022

Check appropriate boxes for each session you are applying to attend.

Camper Name: _____ **Age:** _____

CHILDREN'S CAMP – CAMPERS 5-21	**$700 per session**
☐ **JUNE 27 – JULY 1**	**Session 2 –** 10:00 a.m. – 3:00 p.m. Monday – Friday
☐ **JULY 18 – JULY 22**	**Session 4 –** 10:00 a.m. – 3:00 p.m. Monday – Friday
☐ **AUGUST 1 – AUGUST 5**	**Session 5** – 10:00 a.m. – 3:00 p.m. Monday – Friday

APPLICATION FEE (must include with your application) **$ 50**

Yes, I want to be a HERO by sponsoring a campership! $ _____

Total amount enclosed $ _____

STOP

Do not turn in your application until you review the checklist on the last page and include all necessary pieces.

PAYMENT OPTIONS

If application is accepted, you or your funder will be billed **$700 for each session** you indicated above.

1. **SELF PAY: PAYMENT BY RESPONSIBLE PARTY**

   Check or Money Order Enclosed (made payable to ARCh): Check #: _____ Amount: _____

   Credit Card: Cardholder Name: _____ Zip Code: _____

   Credit Card #: _____ Exp Date: _____

   Security code (3 digits on back of card): _____ Amount to bill to credit card: $ _____

   Cardholder Signature: _____

2. **OTHER PAY: PAYMENT THROUGH COUNTY FUNDS, MANAGED CARE ORGANIZATION, WAIVER PROGRAMS OR OTHER THIRD PARTY. THE FULL COST OF CAMP WILL BE INVOICED TO THE PAYER. IF THE PAYER DOES NOT PAY, THE RESPONSIBLE PARTY IS LIABLE FOR THE FULL COST OF CAMP.** Other/Third Party Payer Contact Information Below:

   Agency: _____ Contact: _____

   Address: _____

   City: _____ State: _____ Zip: _____

   Phone: _____ Email: _____

ADULT APPLICATION

Due April 18, 2022

Check appropriate boxes for each session you are applying to attend.

Camper Name: _____ **Age:** _____

ADULT CAMP – CAMPERS 22 & OLDER	**$700 per session**
☐ **JUNE 20– JUNE 24 -**	**Session 1** - 10 a.m. – 3 p.m. Monday – Friday
☐ **JULY 11 – JULY 15 -**	**Session 3** - 10 a.m. – 3 p.m. Monday – Friday
☐ **AUG. 8 – AUG. 12 -**	**Session 6** - 10 a.m. – 3 p.m. Monday – Friday

APPLICATION FEE (must include with your application) **$ 50**

Yes, I want to be a HERO by sponsoring a campership! $ _____

Total amount enclosed $ _____

STOP

Do not turn in your application until you review the checklist on the last page and include all necessary pieces.

PAYMENT OPTIONS If application is accepted, you or your funder will be billed **$700 for each session** you indicated above.

1. **SELF PAY: PAYMENT BY RESPONSIBLE PARTY**

Check or Money Order Enclosed (made payable to ARCh): Check #: _____ Amount: _____

Credit Card: Cardholder Name: _____ Zip Code: _____

Credit Card #: _____Exp Date: _____

Security code (3 digits on back of card): _____ Amount to bill to credit card: $ _____

Cardholder Signature: _____

2. **OTHER PAY: PAYMENT THROUGH COUNTY FUNDS, MANAGED CARE ORGANIZATION, WAIVER PROGRAMS OR OTHER THIRD PARTY. THE FULL COST OF CAMP WILL BE INVOICED TO THE PAYER. IF THE PAYER DOES NOT PAY, THE RESPONSIBLE PARTY IS LIABLE FOR THE FULL COST OF CAMP.** Other/Third Party Payer Contact Information Below:

Agency: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____Email: _____

ARCh ENROLLMENT FORM

Participants must submit this 2 page form and have current ARCh Membership to participate in all ARCh activities. All activities have registration deadlines.

PARTICIPANT INFORMATION:

First Name:_____ Last Name: _____

Street Address (Where Participant Lives):_____

City:_____ State:_____ ZIP:_____

Participant Lives With:_____

Date of Birth:_____ Eye Color:_____ Hair Color:_____ Weight:_____ Height:____ft.____in.

LEGAL GUARDIAN INFORMATION: Complete if the participant is not their own Legal Guardian.

First Name:_____ Last Name: _____

Phone:_____ Email:_____

Street Address:_____

City:_____ State:_____ ZIP:_____

Relationship:_____ Copy on ARCh Communications? ☐ YES ☐ NO

ADDITIONAL EMERGENCY CONTACTS: It is mandatory that we have two (2) additional emergency contacts.

We will first attempt to reach the contact person listed above. If they are unavailable we will move onto the emergency contacts. If we are unable to reach anyone within 30 minutes, we may contact local law enforcement.

Contact 1 First Name:_____ Last Name: _____

Phone:_____ Alternate Phone:_____ Relationship:_____

Contact 2 First Name:_____ Last Name: _____

Phone:_____ Alternate Phone:_____ Relationship:_____

COMMUNICATION CONTACT INFORMATION: Confirmation materials will be sent here.

If this is the Participant or Legal Guardian, simply check the appropriate relationship box below.

First Name:_____ Last Name: _____

Phone:_____ Email:_____

Street Address:_____

City:_____ State:_____ ZIP:_____

Relationship: ☐ Parent ☐ Legal Guardian ☐ Group Home Manager, Caseworker, etc. ☐ Other:_____

CONSENT:

Must be signed by whomever has legal responsibility for the participant: themselves, parent/guardian, or other. This is the "Responsible Party."

- I give permission for the participant named above to attend ARCh activities and participate.
- I give ARCh permission to transport the participant before, during and after ARCh activities.
- I give ARCh permission to provide routine health care, administer medications, and seek emergency medical treatment.
- I give ARCh permission to use photographs and comments of this participant in ARCh publicity and promotions, includingsocial media.
- I understand that I am liable for all program fees, including any fees billed to a third party, in the event that the third partydoes not pay.
- I/we hereby release, acquit and discharge ARCh and their officers, directors, volunteers, employees, and agents from any and all actions, claims and liability in any way arising out of or in connection with any ARCh activity.

Print Name:_____ Signature:_____ Date:_____

PARTICIPANT MEDICAL INFORMATION:

Medication information is for EMS. ARCh only dispenses medication at Camp Pow Wow.

First Name:_____ **Last Name:**_____

Diagnosis: If multiple, list all._____

Food Restrictions/Allergies:_____

Diabetes: Does the participant have diabetes? ☐ YES ☐ NO Does he/she take insulin? ☐ YES ☐ NO

Provide any additional instruction:_____

Seizures: Does the participant have seizures? ☐ YES ☐ NO

Seizure Type: ☐ Psychomotor ☐ Non-Convulsive (Petit mal) ☐ Tonic/Clonic (Grand mal) ☐ Absence/Staring

Frequency:_____ Length:_____ Date of Last Seizure:_____

How are seizures handled at home?_____

Medications:

Does participant carry emergency medication for seizures? ☐ YES ☐ NO If yes, name medication._____

Does participant take additional emergency medication(s)? ☐ YES ☐ NO

List emergency medication(s):_____

Does participant take non-emergency medication? ☐ YES ☐ NO

List non-emergency medication(s):_____

Mobility: Check all that apply. ☐ Ambulatory ☐ Walker/Crutches ☐ Manual Wheelchair ☐ Power Wheelchair

☐ Other:_____

Communication: Check all that apply. ☐ Verbal ☐ Non-verbal ☐ Sign-language ☐ Gestures ☐ Writes ☐ Device

Preference: ☐ Audio ☐ Visual

Behavior: Does participant have a behavior plan and/or IEP? ☐ YES ☐ NO Is participant an elopement risk? ☐ YES ☐ NO

ACTIVITIES/PREFERENCES:

Daytime Activities (e.g. school, work, day program):_____

Interests and Skills:_____

Favorites (e.g. sport, game, snack, pet, tv show):_____

Fears/Intense Dislikes (e.g. scary movies, heights, loud noises/voices, dogs):_____

PLEASE ATTACH:

Behavior Plan and/or IEP (if exists): Attached? ☐ YES ☐ NO

RETURN FORM & ATTACHMENTS TO ARCh:

archoffice@archchangeslives.org
419 Frederick Street
Waukesha, WI 53186
Fax: 262-542-5280

FOR OFFICE USE ONLY: (check boxes)

Is participant a current ARCh member? ☐ YES ☐ NO
Photograph ☐ YES ☐ NO

Membership Renewal Date:_____

Form Processed By:_____ Date:_____

HOW TO APPLY TO CAMP POW WOW IN 4 STEPS

ARCh CAMP POW WOW

1. By **April 18, 2022,** submit**:**

   - ☐ **Application**
   - ☐ **Application fee $50**
   - ☐ **Enrollment Form – signed by "Responsible Party"**
   - ☐ **Behavior Plan and/or IEP if applicable**
   - ☐ **Proof of COVID-19 Vaccination**

   Your application is not complete without all these items. We will not process incomplete applications.

2. We will contact you to arrange an assessment with ARCh staff; your camper MUST attend

3. If your application is accepted, the "Responsible Party" and/or the funder will be invoiced for the registration fee(s). All registrations must be paid in full by May 9, 2022

4. Each accepted camper must submit a Health Examination form completed by a qualified medical professional by June 1, 2022 or your camper will not be able to attend this year. Camper will receive a Health Examination form upon acceptance.

HOW TO SUBMIT YOUR APPLICATION:

Mail forms and application fee to:
ARCh
419 Frederick Street
Waukesha, WI 53186
(you may also drop off in the locked mailbox on the front of the building)

Questions?

Call us at 262-542-9811
Email: camp@archchangeslives.org

Wait…There's More!

Campers are required to get or renew membership in ARCh…which is great, because we have many other services for people with disabilities, their parents/caregivers, and the entire community. As a member, you have access to all of them! To find out more, call 262-542-9811 or email us at archoffice@archchangeslives.org. Learn about:

- Social skills group for teens
- Parent workshops in advocacy, transition, housing, etc.
- Future planning
- Guardianships, ABLE accounts, special needs trusts, etc.
- Disability awareness presentations for businesses, schools, and civic groups
- Fitness, nutrition and life skills education
- IEP Advocacy

Let us know how we can help!