**Welcome to OUB Camps 2019!**

**Camper Registration Form**

**All camps require a registration fee of $25 PER FAMILY with registration**. Camp Descriptions can be found at [www.oubmichigan.org](http://www.oubmichigan.org/) or call our office at 989-855-2430 for more information or call Gwen Botting, Executive Director, directly at (616)-755-2221. If you have difficulty with this form, please call for assistance. Please download and email all registration forms to [gwen@oubmichigan.org](mailto:gwen@oubmichigan.org) or print and mail hard copies to the address below. Please mail your $25 registration fee to:

**Gwen Botting, Executive Director**

**4175 Westbrook Road,**

**Ionia, MI 48846**

**Camper Information**

Camper name:

Street address:

City, State, Zip:

Birthday:

Age:

Gender:

Camper’s Cell Phone (if applicable):

Camper’s E-mail (if applicable):

**Parent Contact Information**

Parent/Legal Guardian Name:

Street address:

City, State, Zip:

Home/work phone:

Cell Phone:

E-mail:

**2019 Summer Schedule**

Please mark your child’s FIRST CHOICE of **2019** **Summer Session** with a **1**.

Please mark your child’s SECOND CHOICE of **2019 Summer Session** with a **2**.

\_\_\_June 16-21 Cookin’ and Servin’ Camp, ages 10-19

\_\_\_June 23-28 Cookin’ and Jammin’ Camp, ages 7-14

\_\_\_June 30-July 4 Elementary Camp, ages 7-12

\_\_\_July 11-19 Adventure Trip 2019 (Hocking Hills, OH), ages 10-19

Please indicate below how you will pay the registration fee of $25.00.

\_\_\_My $25 check or money order for my child’s registration fee is enclosed

\_\_\_My $25 check will be mailed separately

\_\_\_I have more than one child attending OUB Camps. I will send one $25 check to cover my family’s registration fee.

Your child’s spot will not be reserved until registration fee and this form are received. You do not have to send all the health and liability forms at this time in order to reserve your child’s spot!

Eye condition(s):

Field of vision and Visual Acuity: (*Example: 20% field, 20/800 in left eye, blind in right eye)*

Preferred reading format at camp:

\_\_\_\_\_Braille \_\_\_\_Large Print \_\_\_\_Regular Print

Does your child with low vision have difficulty seeing at night?

Secondary Conditions:

Physical Restrictions:

Special needs, including medically necessary dietary restrictions:

Dietary needs and activity restrictions must be documented by a letter from your child’s physician.

Religious or family dietary restrictions:

Does your child have any severe, potentially life-threatening allergies?

If so, to what?

Does your child have any less severe allergies that we need to be aware of?

If so, to what?

Insurance Company Carrier (for health insurance):

Policy #: Group #:

Does your child live with both parents?

Does your child have permission from both parents to attend our camps?

If your child has a non-custodial parent who has visitation rights, please have them fill out our Non-Custodial Parent Form.

**The following information will help us prepare for your child to attend OUB camps.**

Has your child attended OUB camps before?

Has your child attended camps other than OUB Camps before?

If so, what camp and how many years?

What are your child sleep habits?

Should your child be awakened at night to use the restroom? If so, what time?

Does your child have any special fears? If so, what are they?

Is your child particularly afraid of thunderstorms?

What would you like your child to gain from his or her experience at OUB camps?

What independent living skills does your child need help learning?

What other skills of blindness does your child need special help with, e.g. self-care, travel, etc.?

Are there any other things we should pay particular attention to?

**Parent Assessment of Child’s Ability**

Please indicate your assessment of your child’s level of skill in the following areas. Filling this out will help us develop our programs to best suit the needs of your child and help them to have a successful camp experience. Please be honest! Some skills may be beyond your child’s age-appropriate ability, and that’s fine! **Please rate 1-5, with little experience designated by a 1 and 5 as competent at this skill**. If not applicable, please indicate with N/A.

Reading at appropriate grade level: In Braille

Large Print

Regular Print

Cooking:

Using a sharp kitchen knife

Familiar with using stove top

Familiar with using oven

Familiar with using microwave oven

Can clean up spills effectively (such as egg on the floor or spilled milk)

Skill at washing dishes

Other:

Orientation and mobility experience:

Using a cane/other mobility device

Walking in a straight line (not veering)

Crossing streets

Walking over rough terrain

Traveling at night

Other:

Daily Living Skills:

Showers independently

Washes own hair

Dresses themselves appropriately

Combs own hair

Uses deodorant effectively

Shoe-tying

Organizing belongings

Other:

Household skills:

Taking out Trash

Sets table

Sweeping floors

Bathroom cleaning

Other:

Social Skills:

Eats neatly with appropriate silverware

Can serve themselves food from serving dish neatly

Can carry on conversation at meals that are appropriate

Converses in a back-and-forth manner

Can stay on topic in a conversation

Clears dishes without being asked

Knows how to handle teasing and bullying

Has a sense of humor

Is not easily offended

Turns face towards speaker in conversation

Other:

Does you child have any behaviors related to his or her blindness that we should be aware of (i.e. eye-pressing, rocking, jumping, spinning, hand-flipping, etc.)?

**Scholarships**

Opportunities Unlimited for the Blind is a private non-profit organization that is solely dedicated to helping children and young adults who are blind or have low vision build life skills, self-confidence and independence**. In 2019, the only fee for campers is $25 per family for registration. Scholarships are no longer necessary. However, parents and guardians should understand that a camp like ours, with a nearly one-to-one camper to staff ratio, is very expensive to operate.** OUB would very much appreciate your willingness to attend a meeting of one of our supporters, such as a local Lions Club, to express in your own words how much our camps mean to your child and your family. For more information, please see our website under **Scholarships.** Your local Lions Club, Michigan Parents of Children with Visual Impairments, Michigan Department of Education Low Incidence Outreach, or other social service organization may also assist with transportation funds for your child to attend camp. You will need to contact them as EARLY as possible, as many clubs do not meet in the summer.

You will be notified within 10 days of our receipt of your registration form AND $25 fee if your child will be accepted for his or her first or second choice of camp. Please note that, once your child has been accepted for camp, there are several forms that must be filled out for your child to attend. No child can attend without the proper, and completed, documentation.

**Thank you for choosing OUB Camps!**