**Welcome to OUB Camps 2020!**

**Camper Registration Form**

**All camps require a registration fee of $25 PER FAMILY (or $100 PER FAMILY for Chicago and Tahquamenon Falls).** Camp Descriptions can be found at [www.oubmichigan.org](http://www.oubmichigan.org/) 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 or print and mail hard copies to the address below. Please mail your 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: Male Female Transgender

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:

**2020 Summer Schedule**

Please mark your child’s FIRST AND SECOND CHOICE of **2020** **Summer Session** with a **1 and a 2**.

\_\_\_June 14-19 Cookin’ and Servin’ Camp, ages 10-19

\_\_\_June 21-26 Discovery Camp, ages 7-14

\_\_\_June 21-25 Discovery Day Camp, ages 7-14 (drop-off 9 am, pick-up 5:30 pm daily)

\_\_\_June 28-July 3 Cookin’ and Jammin’ Camp, ages 7-14

\_\_\_July 3 Family Day **(no registration fee)**, please indicate total number of attendees

\_\_\_July 6-9 Chicago Trip, ages 12-19 **(registration $100)**

\_\_\_July 15-24 Adventure Trip 2020 (Tahquamenon Falls, MI), ages 10-19 **(registration $100)**

Please indicate below how you will pay the registration fee of $25 or $100 per family.

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

\_\_\_My check or money order will be mailed separately

\_\_\_I would like a scholarship to help pay for the registration fee

Your child’s spot will not be reserved until the registration fee and this form are received. You do not have to send 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?

Has you child spent an overnight anywhere without a relative?

What are your child’s 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 their 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.)?

Does your child have any behaviors related to their blindness that we should be aware of (i.e. eye-pressing, rocking, jumping, spinning, hand-flipping, 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 honestly will help us develop our programs to best suit your child and help them to have a successful camp experience. Some skills may be beyond your child’s age-appropriate ability, just indicate with N/A. **Please rate 1-5, with little experience designated by a 1 and 5 as competent at this skill**.

Reading at appropriate grade level: In Braille

 In Large Print

 In Regular Print

Cooking:

 Using a sharp kitchen knife

 Familiar with using stove top

 Able to stir a bowl or pot of ingredients

 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

Social Skills:

 Eats neatly with appropriate silverware

 Can serve themselves food from serving dish neatly

 Clears dishes without being asked

 Can carry on conversation at meals that are appropriate

 Converses in a back-and-forth manner

 Can stay on topic in a conversation

 Knows how to handle teasing and bullying

 Has a sense of humor

 Is not easily offended

 Turns face towards speaker in conversation

 Communicates personal needs appropriately and effectively

Orientation and Mobility:

 Using a cane/other mobility device

 Walking in a straight line (not veering)

 Crossing streets

 Walking over rough terrain

 Traveling at night

 Can follow directions given in degrees or clock numerals (e.g. turn 90° left)

Daily Living Skills:

 Showers independently

 Washes own hair

 Combs own hair

 Dresses themselves appropriately

 Uses deodorant effectively

 Brushes teeth independently

 Organizing belongings

Household Skills:

 Taking out Trash

 Sets table

 Wipes tables/ counters effectively

 Sweeps floors effectively

You will be notified within 10 days of our receipt of your registration form AND registration fee if your child will be accepted for their 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.

**Scholarships**

**In 2020, the only fee for campers is $25 or $100 per family for registration.** Due to special funding from the Elks Major Project Commission and Grand Rapids Community Foundation, scholarships are available to low-income families for our registration fees. Please contact Gwen for more information.

OUB has limited funds to assist with transportation but may be able to provide transportation to camp for your child. Michigan Parents of Children with Visual Impairments, or your local Lions Club, or other local social service club may also assist with transportation funds for your child to attend camp. You will need to contact them EARLY, as many clubs do not meet in the summer.

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**. 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 appreciate your willingness to attend a meeting of one of our supporters to express how much our camps mean to your child and your family. Please contact Gwen for more information.

**Thank you for choosing OUB Camps!**