



Hello, Campers and Parents! Can you believe it's time to start planning your 2012 summer already? Please read up on some important changes to Jay Nolan Camp this year!

- ❑ Melissa Smith is your new Camp Director. Keep on reading, you'll find more information about her on page 3!
- ❑ We will only be offering one camp session this year. We expect it to fill up quickly, so please don't delay and get your application and payment in quickly.
- ❑ The Regional Centers Regulations have not changed! Regional Centers may not be paying for Camping Services this year. Please check with your child's Service Coordinator. You may privately pay for Camp!
- ❑ Prices for 2012 have remained the same as 2011 and are as follows.

Campers with a disability = \$880.00
Campers without disabilities = \$500.00

- ❑ If the Camper requires additional support/supervision there may be an additional fee. This is determined solely by Camp Administrative Staff.
- ❑ Down payment is \$200.00 to reserve a spot and must be paid when you send in your application.
- ❑ Camperships are not guaranteed. We will not find out whether we will receive the campership funds until mid-April. Camperships will NOT cover the full cost of attending Camp.

JAY NOLAN CAMP SUMMER SCHEDULE

Session 1 – July 29-August 3, 2012

Jay Nolan Camp will be held at *Lions Camp at Teresita Pines* (www.socalionscamp.com) in Wrightwood, CA (in the Angeles Crest National Forest) at 6,000 ft elevation.

REQUIREMENTS

- ❑ All Campers must be between the ages of 8-15.
- ❑ Spots are reserved on a 'first-come, first serve' basis (spots can fill quickly, please don't delay). It is very important that Down Payments be made at the time of Application.
- ❑ A complete application with down payment received by the office is the only way to reserve a spot for a Camper. Reserved spots will not be taken by phone.

INSTRUCTIONS

1. Fill out application completely Include an up-to-date photo, signed releases, and completed Medical Examination Form*. The application is designed to have all the information needed to help ensure a safe/quality experience for your child.
2. Include payment (Refer to 'Payment Schedule'. If you believe your child might qualify for a 'Campership', (Medi-Cal recipient or eligible family income) contact the office.
3. Mail, fax, e-mail or drop off application and payment to:

Melissa Smith – Camp Director
Jay Nolan Community Services, Inc.
PO Box 9604 Mission Hills, CA 91346-9604
msmith@jaynolan.org
Fax # (818) 365-5523

Once the application is processed, a letter of acceptance will be mailed out to those accepted into the Camp. Information on where to meet for Pick-up/ Drop-off, and a list of 'What to Bring', etc., will be mailed one month prior to camp (June 2012).

***NOTE:** 'Medical Examination Form' must be completed/signed by a physician and may be sent in later, as this portion may take additional time.

How To Sign Up Your Child For Camp:

1. Submit a completed Jay Nolan Camp Application along with a \$200.00 deposit to our office by mail, e-mail or fax.
2. If your child has a disability and has not attended Jay Nolan Camp previously, we will need to arrange a meeting with you and your child prior to camp to review the application and discuss the support needs your child may have while at camp. An appointment can be scheduled to take place during business hours at the Jay Nolan Community Services office, or we can arrange a more convenient time to meet at your home.

All Children with a disability will pay the \$880.00 rate because of the staff to child ratio that is required to keep the program viable and to insure the safety of each camper. Also, if there is no affiliation with the Regional Center, yet a child has a diagnosis of a developmental disability (including but not limited to: autism, Aspergers' Syndrome, Down Syndrome, cerebral palsy, intellectual impairment, etc.), the cost will be the same as a Regional Center consumer, as the same level of support will be provided. There may be an additional fee, if the child requires closer 1:1 support/supervision.

HOW TO HELP JAY NOLAN CAMP'S INCLUSIVE ENVIRONMENT

You've chosen to send your child to an inclusive camp for children with and without disabilities to be able to interact with and learn from each other. We're always in search of more children without disabilities to attend our camp. The ratio for each camp session is: 30-35% children with a developmental disability, 65-70% without a disability. At this point, those with an understanding/appreciation of the differences amongst people are the biggest spokespeople on the benefits of sending a child without a disability to a camp like ours. Send an (8-15 year old) sibling, family member, friend, schoolmate, neighbor, etc. our way! More applications can be downloaded at: www.jaynolan.org or contact Melissa Smith at (818) 361-6400 x151.

CAMPERSHIPS

There is a possibility as we apply for grants, etc., that there might be 'Camperships' (partial funding) available for those that qualify.

Note: There is no guarantee that your child will be awarded a Campership when you apply.

Qualifications include at least one (1) of the following:

- The child receives Medi-Cal
- The family receives AFDC/TANF
- The family can report eligible income as stated on most recent income tax return.
- The child is in Foster Care placement.

If you believe your child might qualify for a 'Campership', contact us directly at 818-361-6400 Ext.151 once you receive this. We will be able to give you additional information and a separate one-page form that must be filled out.

Camp Director Update for 2012!

Hello! My name is Melissa Smith and I am Jay Nolan Camp's new Director. Many of you have gotten to know me as the Sports and Games Activity Coordinator over the past three years. Your kids know me up at camp as Missi. In addition to Jay Nolan Camp and as support staff with Jay Nolan Community Services, I have over twenty years of camping experience with Girl Scouts, the Outdoor Leadership Club at California State University, Monterey Bay, and many of my own adventures! I look forward to meeting you and providing an outstanding camp experience for your child.

Due to low turn out over the past few years, we will only be offering one session of camp this year July 29- August 3, 2012. One of my goals in my new role is recruitment, and I hope to fill us to capacity. You can help too! As a returning camper, you are the best advertisement Jay Nolan Camp has. Think about a friend or family member you can invite to camp with you this year! Please return your own application and payment soon, and together, we will do everything we can to add the second camp session back in the future.

Unfortunately, we are placed in a position again this year where all campers that attend Camp will be private pay, with little to no assistance coming from the Regional Centers. All applications must have a down payment of \$200.00 to ensure a spot for this year's session.

Your camp staff is dedicated to giving each camper a safe and exciting experience in the beautiful Angeles National Forest, one that will create lasting memories that will keep everyone coming back for more!

If you have any questions about the camp program, filling out the camper application, cost, etc., feel free to call me anytime at 818-361-6400 Ext. 151. I'm in the office during business hours Monday through Friday 9:00am to 5:00pm. If I'm not available when you call, just leave a message and I'll get back to you as soon as possible. I can also be reached by e-mail: msmith@jaynolan.org.

Please join us on our Jay Nolan Camp Facebook Fan Page at <http://www.facebook.com/pages/Jay-Nolan-Camp/73107988308> as well to help keep you updated.

I'm looking forward to another great year at Camp!

Sincerely,
Melissa Smith
Camp Director



PAYMENT SCHEDULE FOR ALL CAMPERS

Application and payment must be sent together and postmarked before or on the dates that follow to receive the specific rate.

*Early Bird
Special*



- Before June 1, 2012 - **\$500.00** (non-developmental disability)
- Before June 1, 2012 - **\$880.00** (with developmental disability)
- After June 1, 2012 - **\$550.00** (non-developmental disability)
- After June 1, 2012 - **\$930.00** (with developmental disability)
- Down Payment - **\$200.00** (due with application)

Jay Nolan Community Services, Inc. reserves the right to review and discuss individual needs for support and supervision, which may result in an increased rate.

CANCELLATION POLICY

Payment in full is required at the time of registration. If you need to cancel for any reason, we must receive written notice of cancellation (either mailed or faxed) by **June 8, 2012**. Your registration payment will be refunded less a \$50.00 service charge. **Cancellations after that time and 'No-Shows' are non-refundable.**

Method of Payment:

- Check—made out to Jay Nolan Community Services, Inc.
- Visa
- MasterCard
- American Express

_____ Date

_____ Name

_____ Address

_____ City/State/Zip

_____ Phone

_____ Email

AMOUNT:

\$ _____ Camp Payment

\$ _____ Donation to help support Jay Nolan Camp

\$ _____ Total enclosed or to be charged

_____ Credit Card #

_____ Exp. date

_____ Authorized Signature

CAMPERSHIPS

'Camperships' (partial funding) may be available for those that qualify, as we apply for grants that can help defray costs, etc.

If you believe your child might qualify for a 'campership', contact the office directly once you receive this for more information, at 818-361-6400 Ext.151.

**Place
Child's
Recent
Photo
Here**



JAYNOLAN
community services

15501 San Fernando Mission Blvd. Suite 200
PO Box 9604 Mission Hills CA 91346-9604
(818) 361-6400 Ext. 151 (Camp Director)
(818) 365-5523 (Fax)
msmith@jaynolan.org (E-mail)
<http://www.jaynolan.org> (Website)



Jay Nolan Camp - Camper Application

Instructions: We are accredited by the American Camp Association and maintain the standards set by them, in addition to our own. You are required to have a complete application, photo, up-to-date immunizations, and a medical exam signed by a licensed physician (listing all current/correct medications). Anything that would be non-applicable, please put 'N/A'. If you need assistance with anything, please let us know.

2012 Camp Session at Lions Camp at Teresita Pines (Wrightwood) Session 1 - July 29-August 3, 2012

Child's Name _____
First Last

Address _____
Street

City _____ State _____ Zip _____

Home Telephone _____ Date of Birth _____
MM/DD/YY

Gender:

- Male
- Female

Birthday at
Camp?

Age while at
camp:

**How did you hear about
Jay Nolan Camp?**

- Friend
- Internet
- Newspaper/Magazine
- Conference
- American Camp
Association Directory
- Previous Attendance
- Regional Center
- Other: _____

Payment Method:

- Check enclosed
- Credit Card



OVERALL NATURE (BEHAVIOR/ ATTITUDE):

Please make us aware of any potential behaviors to possibly expect...

- | | | |
|---|---|--|
| <input type="checkbox"/> Good-natured | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Excessive Verbalization |
| <input type="checkbox"/> Withdrawn/Shy | <input type="checkbox"/> Wandering | <input type="checkbox"/> Perseveration |
| <input type="checkbox"/> Self-Injurious | <input type="checkbox"/> Running | <input type="checkbox"/> Frustration when working on tasks |
| | <input type="checkbox"/> Tantrums | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Property Destruction | |

Please explain what we will need to know, about any checked behaviors and their frequency:

HOW SHOULD WE SUPPORT YOUR CHILD DURING CHALLENGING TIMES?

- | | | | |
|--|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Separate from group | <input type="checkbox"/> Reason with | <input type="checkbox"/> Give extra attention | <input type="checkbox"/> Other _____ |
|--|--------------------------------------|---|--------------------------------------|

Please explain anything else (or provide more specific information) we need to know in order for your child to have a successful time at Camp (Attach additional pages, if necessary):

This information assists us in applying and for grants/additional funding:

PLEASE CHECK ONE BOX:

	African American	American Indian	Asian	Caucasian	Hispanic	Pacific Islander	Other:
Male							
Female							

I GIVE MY PERMISSION FOR THE CAMP HEALTH CARE PROVIDER/ AUTHORIZED CAMP STAFF TO ADMINISTER MEDICATION AND PROVIDE ROUTINE HEALTH CARE (AS MAY BE NECESSARY).

Jay Nolan Community Services (JNCS) is not a Covered Entity under HIPAA (the Health Insurance Portability and Accountability Act). Nonetheless, to the extent JNCS receives private health/medical information about any of its' clients; JNCS will treat that information as private and comply with applicable privacy laws.

Name _____ Relationship _____
First Last

Signature _____ Date _____

HEALTH AND IMMUNIZATION HISTORY

1. Is Camper covered by Medi-Cal? YES _____ NO _____ MediCal # _____

2. Is Camper covered by private medical insurance? YES _____ NO _____

Medical Insurance _____ Policy # _____

Group # _____ Name of Primary Insured _____

ALLERGIES - List all known.

REACTION - describe reaction and management of the reaction

Medication Allergies (list)- include aspirin, penicillin, etc.

Food Allergies (list)- include specific foods, dyes, etc.

Other Allergies (list)- include insect stings, hay fever, asthma, pollen, etc.

GENERAL QUESTIONS: (Explain 'Yes' answers below.)

HAS/DOES THE PARTICIPANT:	YES	NO	HAS/DOES THE PARTICIPANT:	YES	NO
Had a recent injury/illness/infectious disease?			Ever had a problem with joints?		
Ever had a chronic/recurring illness/condition?			Have skin problems (itching, rash, acne)?		
Ever been hospitalized?			Have diabetes?		
Ever had surgery?			Have asthma?		
Have frequent colds/headaches?			Had bowel problems (diarrhea, constipation)?		
Had psychiatric/psychological counseling?			Ever had a head injury?		
Had psychiatric/psychological hospitalization?			Have problems with sleepwalking?		
Wear glasses, contacts, or protective eyewear?			If female, have menstrual problems?		
Ever had frequent ear infections?			Have a history of bed-wetting?		
Ever passed out during/after exercise?			Have bladder problems?		
Ever had chest pain during/after exercise?			Ever had an eating disorder?		
Ever had high blood pressure?			Ever had sinus problems?		
Ever had a heart murmur or heart disease?			Other?		
Ever had back problems?			Been looking forward to camp?		

Please explain 'Yes' answers: _____

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test

Date of last test _____

Result (Check):

- Positive Negative

ATTACH A COPY OF IMMUNIZATION RECORD, OR write in all dates for:

VACCINE:	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR
DTP						
TD (tetanus/diphtheria)						
TETANUS						
POLIO						
MMR						
or Measles						
or Mumps						
or Rubella						
Homophiles influenza B						
Hepatitis B						
Varicella (chicken pox)						



AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

____ I, the person named below, consent to medical treatment.

____ I am a parent, guardian or conservator, or person authorized under California or United States Law or by court order, to authorize consent to medical treatment for the person named below.

Name of Person: _____

I authorize Jay Nolan Community Services Inc., any of its employees, agents or contractors to obtain and consent to medical assistance and treatment, including but not limited to: surgery, dental treatment, mental health treatment, and anesthesia, for the person named above. In granting this authorization, I understand as follows:

- That Jay Nolan Community Services Inc. may release information regarding the person’s medical history to secure medical assistance or treatment,
- That Jay Nolan Community Services Inc. may provide medical assistance and treatment to the person if other appropriate medical assistance and treatment cannot reasonably be obtained when needed,
- That Jay Nolan Community Services Inc. will make all reasonable efforts to secure medical assistance and treatment with professionally accepted standards for the area where the person is located (not necessarily the place of residence) when treatment is sought,
- That Jay Nolan Community Services Inc. and any of its employees, agents and contractors will make all reasonable efforts to contact me as soon as possible in the event of a medical emergency,
- That Jay Nolan Community Services Inc. carries liability insurance only. I agree that all medical or hospital costs incurred are my sole responsibility.
- That if I have any objections or limitations to treatment, I have them listed below:

- That I may terminate this authorization at any time by written notice to the Executive Director of Jay Nolan Community Services. Unless I terminate in this manner, this authorization shall remain in effect for one (1) year after the date signed.

Signature: _____ Date: ____/____/____ Relationship: _____

Witness: _____ Date: ____/____/____



Public Relations Consent Form

The purpose of this form is to give Jay Nolan Community Services, Inc. permission to use photographs and other likenesses of employees, volunteers, people served, and others who may grant permission for the promotion of the agency's programs, its mission, and general community outreach. Public relations/marketing activities may include, but are not limited to: publication of photographs in newsletters, on the web site, in advertisements, in brochures, on flyers, on display boards, on television, or in video and slide presentations.

NAME _____

I(We), _____, being either of legal age to consent, or the legal parent(s), guardian(s), or conservator(s) of the above named individual who is a minor child or person unable to consent on his or her own behalf, give Jay Nolan Community Services, Inc. (JNCS), its assigns, or successors, the right to use the above named individual's name and any photograph, video, voice recording or any other likeness JNCS has in any media form, now known and hereafter created, for the purpose of promoting JNCS mission, products, services, or programs. JNCS also has the right to substitute the above named individual's voice if it is deemed proper by JNCS.

Furthermore, I(We) agree that such items shall belong to JNCS and remain free and clear of any claim whatsoever on my(our) part or the part of the above named individual.

I(We) understand that I(We) may terminate authorization at any time for any future photographs, video, voice recordings, or other likenesses produced of the above named individual by delivering written notice to the Executive Director of JNCS. However, said termination shall not cover items previously authorized and already in production/use.

(Signature of Consenting Adult/Parent/Guardian)

(Printed Name)

(Date)

(Street Address)

(City)

(State)

(Zip)

(Witness)

(Date)



2012 MEDICAL EXAMINATION FORM

A LICENSED PHYSICIAN MUST COMPLETE THE MEDICAL EXAMINATION FORM. A MEDICAL EXAMINATION MUST BE PERFORMED WITHIN A YEAR PRIOR TO CAMP ATTENDANCE.

Camper Information

Name:	Sex:	Age:	Birthdate:
Diagnosis or Disability (if applicable):			
BP:	Height:	Weight:	
Does Camper have a history of seizures? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, specific type:			
Frequency:	Length:		
Present Status:	Date of last seizure:		

MEDICATIONS (To be administered at Camp)*

If camper is taking herbal/homeopathic medications, vitamins, or over-the-counter medications, they also must be listed. If a psychiatrist prescribes medications, they must complete a form listing medications as well. Attach additional pages, if necessary.

***Please Print Legibly**

Name of prescription medication, vitamins, homeopathic/herbal medications, over-the-counter medications	Dosage	Purpose	Times to be administered (Camp mealtimes/bedtime listed):				
			B-fast 8:30am	Lunch 12:30pm	Dinner 5:30pm	Bedtime 9:00pm	Other ?
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Health Care Providers at camp follow standing orders from our physician consultant, which include over-the-counter medications as needed, such as analgesics, topical ointments, decongestants, and medications for colds, allergies, indigestion, constipation, diarrhea, eye and mouth care, and basic first aid. Are there any concerns with administration of over-the-counter medications and/or treatments?

Yes No

If yes, explain _____

X _____
Signature of Physician

(OVER)

Date



2012 MEDICAL EXAMINATION FORM CONT.

Camper's Name _____

DESCRIPTION OF JAY NOLAN CAMP FOR PHYSICIAN'S REVIEW

Jay Nolan Camp is an inclusive sleep-away camp that runs 6 days/5 nights each camp session in the mountains of Wrightwood, CA. The elevation is approximately 6,000 ft and the terrain of the campground can be uneven in certain areas. All activities are non-competitive and carefully supervised (including Archery, Sports & Games, Swimming, Hiking, etc.). They are designed to meet the needs of all children, encouraging their participation to the best of their ability. Camp Staff/ On-site Health Care Provider will strictly observe physician recommendations.

RECOMMENDATIONS AND RESTRICTIONS AT CAMP

Treatment to be continued at camp _____

Any medically prescribed meal plan or dietary restrictions _____

Description of any limitation or restrictions at camp _____

Additional information for health care staff at camp _____

HEALTH STATEMENT

I hereby certify that the above camper _____ is _____ is not in good health and physically able to attend camp. The camper has no evidence of a skin rash or communicable ailment that might endanger the health of other people. The camper has had no recent illnesses with the exception of: _____

Signature of Physician	Date of Exam	Date of Form Completion	
Name of Physician		Physician's Address	
Name of Medical Agency if Camper attends a Clinic or Hospital	Telephone No.	Fax No.	