



The Arc of Allen County  
546 South Collett Street  
Lima, Ohio 45805  
Phone: 419-225-6285  
Fax: 419-228-7770  
Email: [arc@wcoil.com](mailto:arc@wcoil.com)  
Web: [www.arcallencounny.org](http://www.arcallencounny.org)

February 2021

Dear Colleague;

Camp Robin Rogers, operated by The Arc of Allen County, offers a summer Day Camp Program for children with Intellectual and Developmental Disabilities in Allen County. Our Day Camp is for individuals ages 4-21.

I am writing to ask you to consider giving information about our camp to your students and their families. We would like to have them in by April 1, 2021 for scholarship & funding purposes, however we accept applications at any time. I have enclosed a camp application, which you may copy as needed. Camp Robin Rogers offers the opportunity for children to experience many new things in a supportive, loving, outdoor environment, while also having the opportunity to maintain skills learned during the school year.

Thank you in advance for your help in getting this information out. If you have any questions, please feel free to contact myself, or Lisa, by phone at 419-225-6285 or by email at [arc@wcoil.com](mailto:arc@wcoil.com).

Sincerely,

A handwritten signature in black ink, appearing to read 'Brad Perrott'.

Brad Perrott  
Executive Director





Allen County/February 2021

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Dear Parent/Guardian,

Greetings! We are looking forward to 2021 and all the opportunities it brings us, The Arc of Allen County, to serve you and your child(ren) this year.

We are already in preparation for the upcoming Day Camp season, and are striving to make this year's camp experience a joyful, fun, exciting time for your child. **If Covid restrictions are still in place in June, we will only be able to take a limited number of children again this year. Please return your child's application as soon as possible so he/she is guaranteed a spot.**

In the past we have had issues with Day Camp Applications being incomplete. If your child receives any help with funding this can delay or, as in some cases, cause us to miss the deadline for those funds for the child's camp. We want to avoid any such issues and make this process as easy as possible. It is with this in mind that we stress the following:

- Please complete the application in its entirety.
- Phone numbers listed for you and your emergency contacts must be working numbers.
- **Enclose a copy of their IEP, ISP and/or BSP if they have one** (listed on page 1).
- Please list any medication your child takes even if it is not taken at camp (listed on page 1).
- Make sure you have a diagnosis listed on page 2.
- Enclose a copy of the child's shot record, or fill the record in on page 2.
- As stated on page 5, you must enclose a non-refundable registration fee of \$10.00 with your child's application. Application's will not be accepted without this fee, and will be returned to you.
- If your child will be taking medication at camp page 8 must be filled in by your Physician.
- **The Deadline for Applications is Thurs., April 1, 2021** to secure scholarship money. Applications will be accepted after that; however, funding may not be available. **Funding is on a first-come, first-served basis. The final due date for all applications is June 4, 2021.**

Again, we are trying to make the application process as simple as possible. If you have any questions please feel free to call our office at 419-225-6285 and we will be happy to answer any questions you may have.

Thank you and we look forward to a great camping season and a great experience for your child.

Sincerely,

Brad Perrott  
Executive Director



# Application for Camp Robin Rogers

## 2021 Day Camp

546 S. Collett Street, Lima, Ohio 45805

Phone: 419-225-6285

***Please fill out this application completely. Any incomplete application will be returned to you.***

For Arc Use Only

Trans.  Bus or  Self

Bus Pick Up Location \_\_\_\_\_

Registration Paid: Yes  No

Pay Rate \$ \_\_\_\_\_ per day

# of Days: \_\_\_\_\_

To be paid by: \_\_\_\_\_

Camper's Name	Last	First	Middle	Date of Birth	Age	Today's Date
Mailing Address	City	State	Zip	County	Sex	Race
Mother's/Guardian's Name	Home Phone			Work/Cell Phone Can you receive text messages?    Y    N		
Father's/Guardian's Name	Home Phone			Work/Cell Phone Can you receive text messages?    Y    N		
School	Grade/Level	Parent E-Mail		IEP	Yes or No	
				ISP	Yes or No	
				BSP	Yes or No	
<b>IF Yes, please include copies of all that apply w/app</b>						
Camper lives with:	Father	Mother	Guardian			

**In case of emergency, and parents cannot be reached, please contact:**

Name	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone
Hospital preferred		

Medication must be in the container with physician's instructions on it. Please have pharmacist give you a spare bottle with full directions. Medication will not be given if not in a correctly marked container. A Medication Authorization form has been included in this application. Page 8 of this application form must be filled out and signed by your physician.

Is Camper on medication? Yes  No  If Camper is on medication, please list all medication, whether taken at camp or not.

Medication	Dosage	Times

Application for Camp Robin Rogers

2021 Day Camp

546 S. Collett Street, Lima, Ohio 45805 Phone: 419-225-6285

Diagnosis: **(MUST BE COMPLETED)**

You must supply a current shot record on/with this application.

(we do not keep shot records from previous years. If shot record is not included, your application will be returned.)

**REQUIRED IMMUNIZATIONS (enter month, day, and year of each dose)**

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					0
OPV				0	
HIB**					
MMR		0			

Notes: 0 = Recommended, not required

\*\*Children 5 years or older are not required to have HIB.

Children 15 months through 4 years of age must have at least one dose given on or after 15 months.

If you cannot be reached by phone, may Camper have Tylenol or Pepto-Bismol in the appropriate dosage for their age? Yes No

Date of last Tetanus shot: \_\_\_\_\_

Does your Camper have any allergies(i.e. food, medication, drinks, environment)? Yes No

If yes, please list. \_\_\_\_\_

Please give record of past medical treatments: (hospitalizations, surgeries, other concerns)

\_\_\_\_\_

# Application for Camp Robin Rogers

## 2021 Day Camp

546 S. Collett Street, Lima, Ohio 45805 Phone: 419-225-6285

Does Camper have any of the following needs? Please check all that apply.

Wears glasses \_\_\_\_\_ Wears hearing aid \_\_\_\_\_ Uses wheelchair \_\_\_\_\_  
Wears Diapers/Attends \_\_\_\_\_ Uses crutches \_\_\_\_\_ Uses braces/supports \_\_\_\_\_  
Has seizures \_\_\_\_\_ Takes medicine a certain way \_\_\_\_\_  
Needs assistance with meals \_\_\_\_\_ Uses communication device \_\_\_\_\_ Uses other adaptive device \_\_\_\_\_

If you checked any of the above, please explain:

---

List any special precautions to be taken with Camper -- **MUST BE FILLED IN. IF THERE ARE NONE PLEASE PUT N/A:**

---

List any fears of Camper, or any other facts of which we should be aware:

---

Has your child ever been to camp? Yes No

What do you hope your child can gain from a camp experience?

---

Does Camper have permission to swim with lifeguard on duty? Yes No

Does Camper need a life-jacket on to swim? Yes No

Does Camper need a counselor in the water with them when they swim? Yes No

Please circle your child's shirt size:

Small Youth	Medium Youth	Large Youth	Extra Large Youth
Small Adult	Medium Adult	Large Adult	Extra Large Adult 2XL Adult

**Release Information**

**Camp Robin Rogers**

546 S. Collett Street, Lima, Ohio 45805 Phone: 419-225-6285

We (I) understand precaution is taken to safeguard the health and safety of campers under Camp Robin Rogers supervision. We (I) agree to any emergency treatment by a physician or hospital in the event that we (I) cannot be reached, and release all personnel from any liability in connection with this activity or for any outside transportation and/or field trips.

**Signature of Parent/Guardian**

**Date**

We (I) give permission to have my son/daughter's picture or video taken during camp activities for publicity, marketing, or other purposes

**Signature of Parent/Guardian**

**Date**

We (I) give permission for my child's picture to be taken for our end of the year camp video.

**Signature of Parent/Guardian**

**Date**

List any special programs and/or agencies with which the child is affiliated on a regular basis (schools, therapy, case workers, etc.)

Name of Program	Phone Number	Name of Contact Person

We (I) give permission for the above-named agencies/programs and/or educational institution to release information to The Arc of Allen County concerning my son/daughter's program needs and services. This may include, but is not limited to IP/IEP, behavior plans, care assessments, social history, adaptive equipment needs, etc.

**Signature of Parent/Guardian**

**Date**

If you have any questions about this form, please call The Arc of Allen County at 419-225-6285.

# Application for Camp Robin Rogers Day Camp 2021

546 S. Collett Street, Lima, Ohio 45805 Phone: 419-225-6285

Child must be 4 years of age on or before June 1, 2021. Day Camp operates from June 21 through July 22, 2021, Monday through Thursday, from 10:00 a.m. to 4:00 p.m.

Circle dates your child will attend:

	Mon.	Tues.	Wed.	Thurs.
June	21	22	23	24
June/July	28	29	30	1
July	5	6	7	8
July	12	13	14	15
July	19	20	21	22

## CAMP FEES: \$25.00 EACH DAY

- **Reservation confirmed with complete application and paid registration fee. \*(see below)**

If your child will be using Family resource or other funding, please list below.  
(For those currently enrolled in the ISS program, make sure to have prior approval and make sure you have funds available.)

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does your child need transportation? \_\_\_\_\_ If yes, you will be contacted with pick-up/drop-off times as soon as they are available.

**\*There is a Non-Refundable Registration Fee of \$10.00 per application. PAYMENT MUST ACCOMPANY THIS APPLICATION. If there is no Registration Fee with this application, we will not accept it and your application will be returned to you.**

## **Application for Camp Robin Rogers**

### **Day Camp 2021**

546 S. Collett Street, Lima, Ohio 45805 Phone: 419-225-6285

## **CAMPERSHIPS**

We do not want to deny any child the opportunity to experience Camp Robin Rogers. For this reason, the Campership Fund was started. An “Application for Campership & Reduced Fees” is included with this packet or can be picked up at The Arc office. Funds are limited so please return your application for assistance as soon as possible.

Eligibility for Camperships and reduced fees will be determined according to household income. W-2’s may be required. Out of county residents are not eligible for financial assistance.

**Please remember that no Campership or reduced fee can be given unless you have filled out and turned in an “Application for Campership & Reduced Fees” form to the Arc office.**

**Help your child go to camp by returning it as soon as possible!**

**DEADLINE FOR ALL PAPERWORK IS:**

**FRIDAY**

**JUNE 4, 2021**



**The Arc of Allen County  
Camp Robin Rogers  
546 South Collett Street  
Lima, Ohio 45805  
Phone 419-225-6285  
Fax 419-228-7770**

**Authorization for Giving / Applying of Medication**

(this form is not necessary if your child will not be taking medication while at camp)

**I, the undersigned request the giving/applying of medication for:**

Full Name (Enrollee) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

**In accordance with the instructions of our physician, (see other side of this paper)**

**Further, I will be responsible for delivery of the medication(s) in an original labeled container, and supplies to the facility. I will notify the program immediately, if we change physicians or medication(s), or terminate the use of medication for any reason.**

\_\_\_\_\_  
Signature of Parent / Guardian / Person having care or charge      Date

\_\_\_\_\_  
Signature of enrollee (if not a minor)      Date

The Arc of Allen County  
Camp Robin Rogers  
546 South Collett Street  
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Phone 419-225-6285  
Fax 419-228-7770

Prescription Authorization (this form only necessary if your child will be taking medication while at camp)

Starting Date: June 21, 2021

Ending Date: July 22, 2021

**For your Doctor to fill in:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medications:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Reactions to medications that should be reported. Special instructions:

\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State / Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone: # 911

**Please Note:**

1. If any changes in medication(s) notify The Arc at 419-225-6285.

**The Arc of Allen County's  
Camp Robin Rogers  
Authorization for Pick Up**  
546 S. Collett St.  
Lima, OH 45805

Child's/Children's Name(s): \_\_\_\_\_

The people listed below are authorized to pick up my child/children up from Day Camp.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**They will be required to show Picture I.D. when picking up child/children.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Application for Campership & Reduced Fees  
Camp Robin Rogers Day Camp**  
546 S. Collett Street  
Lima, Ohio 45806  
(419) 225-6285

**\*Out of county residents are not eligible for financial assistance.**

Total Number of people in household: \_\_\_\_\_

Names:	Last	First	Age	Income
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Total household income: \_\_\_\_\_ \$ \_\_\_\_\_  
(This includes all people staying at the home)

1. Has your child ever been to camp before?      Yes  No
2. If yes, when and where? \_\_\_\_\_
3. What do you hope your child gains from this camping experience? \_\_\_\_\_
4. Does your child receive any benefits, such as AFDC, Medicaid, SSI / SSDI, etc? \_\_\_\_\_

I understand that by signing this form, I am declaring that all information herein is true to the best of my knowledge and that any attempt to provide false or misleading information could result in loss of financial assistance for my child(ren).

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_