



Christmount

222 Fern Way, Black Mountain, NC 28711
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2010 Camp Lakey Gap Camper Application Information

Camper Requirements

- A diagnosis of an autism spectrum disorder or a related communication disorder must be present.
- During camp the child must be 4-17 years of age.
- Camper's guardians must either live within an 8 hour driving distance of Black Mountain, North Carolina, or have an emergency contact person in that radius who could assume complete care of the camper if there were to be an emergency.
- Behaviors displayed by the camper must be manageable as stated by Camp Lakey Gap's policies and to the level that the staff is trained to provide.
- Camper must not have any extreme health care needs that the camp's staff is not trained to support.

Payment Information

- There will be 6 weeks of overnight camp with each camper attending only one week.
- Cost to attend Camp Lakey Gap: \$1600
- A \$200 deposit is required upon acceptance to the program.
- Payment options, including paying in full and installment options, may be arranged with Elsa Berndt. Payment in full is due 4 weeks prior to the beginning of your child's week of camp.
- **Financial Assistance:** Please contact Elsa Berndt to discuss scholarship options available for your camper. Elsa is also available to assist you in seeking financial support from your community.

Waiting List

- After the camp slots are filled; the remaining applicants will be on a waiting list. To remain on this list we must receive all completed camper forms (soon to be available online):
 - Camper Information Form
 - Teacher Form
 - Medical Form
 - Release Forms
- If you turn in all of these forms, it will be easier to call you from the waiting list.

Camp check-in and out

- Check-in is Sunday from 2:30 p.m. - 4:30 p.m.
- Camp ends on Friday at the 1:00 p.m. camper talent show

Camp Lakey Gap Informational Day
Saturday, April 17, 2010
2:00-5:00

Elsa Berndt will answer questions about camp and the camper registration process. Alumni staff will be available to give tours of the facility after the discussion. Please contact Elsa Berndt (elsa.berndt@yahoo.com) if you would like more information. If this date does not work for your family let Elsa know and we can arrange another time for you to come see the facility.

2010 Camp Lakey Gap Registration Timeline
(Mark your calendar!)

Assignments, camper forms, payment plan mailed from Christmount	Rolling, as application received
All camper forms mailed to Christmount by	May 17
Final mailing from Christmount (camper handbook, directions)	May 21
Deadline for all payments	4 weeks before your child's camp begins

Camp Contacts

Elsa Berndt, Camp Lakey Gap Director, 828-669-8977, elsa.berndt@yahoo.com
Rev. Jamie Brame, Church Relations Director, 828-669-8977, jamiebrame@yahoo.com

***Keep these first two pages for your records,
and only mail us the last three pages.***

2010 Camp Lakey Gap Camper Application

*Camp Lakey Gap is a Christmount sponsored program.
It is not associated with the Autism Society of NC.*

Camper's Name _____ Male Female
Camper's Date of birth ____/____/____ Age on 6/13/10_____ (must be 4-17 years of age)

Parent/Guardian's Name _____
Address _____ City _____ State _____ Zip _____
Phone: Home (____) _____ Work (____) _____
Cell (____) _____ Email _____

Emergency Contact Person (*if guardian is not within the 8 hour driving radius required*)
Name _____ Relationship to Camper _____
Address _____ City _____ State _____ Zip _____
Phone: Home (____) _____ Work (____) _____
Cell (____) _____ Email _____

Diagnosis (To be eligible for camp, camper must have one of the following. Please mark):
 Autism Spectrum Disorder Asperger's Syndrome Communication Disorder

****For the following 4 headings, please check all that apply****

Camper's communication

- | | |
|--|--|
| <input type="checkbox"/> Sentences | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Short Phrases | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> One word | <input type="checkbox"/> Picture/Symbols |
| <input type="checkbox"/> Objects | <input type="checkbox"/> Written |

How guardian communicates with camper

- | | |
|--|--|
| <input type="checkbox"/> Sentences | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Short Phrases | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> One word | <input type="checkbox"/> Picture/Symbols |
| <input type="checkbox"/> Objects | <input type="checkbox"/> Written |

Activity level and attention span

- Typical attention span for age
- Short attention span
- Less active
- Overactive
- Requires one-to-one supervision throughout the day

Behaviors

- Scratches, hits, pinches self/others (explain below)
- Grabs others
- Runs away from staff/group
- Touches inappropriately self/others (explain below)
- Throws items

Describe any checked behaviors. _____

Camper's self-help skills

	Total Assistance		Some Assistance		No Assistance
Toileting	A	B	C	D	E
Bathing	A	B	C	D	E
Dressing	A	B	C	D	E
Eating	A	B	C	D	E

Describe any, if needed. _____

Behavior Plans

Camp Lakey Gap asks that if your camper has a behavior plan in place, to please send it with this application. Please do not send an IEP. We will have a group of local autism professionals review any plan that has restrictive measures. After this review Camp Lakey Gap may deny admissions to campers that we feel have needs that we can not fulfill according to our policies, procedures, and the level of our staff's training.

Please check one

- I included a current behavior plan.
- My camper does not have a behavior plan.

Unique Health Care Needs Yes No

Explain _____

Privacy Christmount's Summer Camp Program is committed to protecting the privacy of you/your child's personal and medical information in accordance with our privacy policy.

I acknowledge that I have been informed of this.

Signature of Parent/Legal Guardian: _____ Date: _____

Choose your camper's top three weeks by putting 1, 2, and 3 in the left column.

Top 3 Weeks	Week	Date	Ages
	1	June 13-June 18	8-13 years of age
	2	June 20-June 25	*High Functioning Adolescents (11-17 years of age)
	3	June 27-July 2	4-10 years of age
	4	July 4-July 9	*High Functioning Children (4-12 years of age)
	5	July 11-July 16	11-17 years of age
	6	July 18-July 23	8-13 years of age

*** Requirements for the weeks designated for high functioning campers**

- Camper's language should be easy to understand and appropriate to age level.
- Camper should not engage in disruptive behaviors.
- Camper should be able to be paired with another camper (1:2).
- Adolescent Campers (age 13-17):
 - Able to participate in group activities that require conversation skills, and follow verbal directions.
 - Independent in all daily living skills (toileting, bathing, dressing).

Please check your preferences below

- You may assign my camper to any week that is available.
- Only assign my camper to the weeks I selected because:

- If possible, put my camper in the same week as the following camper(s):

- How did you find out about Camp Lakey Gap? _____

Don't forget to

- Complete the Application Form
- Attach a copy of your camper's behavior plan, if applicable
- Choose up to three weeks and rank them 1-3 in order of preference
- **Fax or mail the application to:**
Christmount Assembly
Camp Lakey Gap
222 Fern Way
Black Mountain, NC 28711
Fax (828) 669-6301

Contacts

Elsa Berndt, Camp Lakey Gap Director, 828-669-8977, elsa.berndt@yahoo.com
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