



Home of Camp Nuhop
Serving Children with Learning Differences
For Over 35 Years

The Nuhop Center, home of Camp Nuhop, provides a week-long residential summer experience for children with learning differences. Our mission is to create a safe, nurturing, dynamic learning environment where people are empowered to succeed. At Camp Nuhop, children with ADD, ADHD, LD, Asperger's Syndrome, and other disabilities, will find a place where individuality is appreciated. This application is the first step toward a week of adventure, fun, and friendship.

Should you have any questions or concerns regarding Camp Nuhop, please use one of the following contacts:

Office phone: 419.289.2227
Office Email: info@campnuhop.org
Web Site: www.campnuhop.org

Please note that our office is in Ashland, OH, but our facilities are located in Perrysville, OH. All correspondence should be directed to the office, but directions to and from Camp Nuhop should be found using our facilities address, which is found on page 2.

**Please mail the completed application
to our camp office, located at:**

Camp Nuhop
404 Hillcrest Drive
Ashland, OH 44805

Important Information and Reminders

This page is intended to be used as a continuous reference. Please keep for your records.

Session Dates for Summer 2012

Saturday, June 9th - Orientation Day

- Presentation 1: 9:00a – 10:30a
- Presentation 2: 11:00a – 12:30p
- Presentation 3: 1:30p – 3:00p
- Presentation 4: 3:30p – 5:00p

- Orientation Day: June 9
- Session 1: June 18 – June 23
- Session 2: June 25 – June 30
- Session 3: July 2 – July 7
- Session 4: July 16 – July 21
- Session 5: July 23 – July 28
- Session 6: July 30 – August 4

Orientation Day, scheduled for Saturday, June 9th, is for first-time campers and families.

The purpose of Orientation Day is to familiarize newcomers with the Nuhop staff, program, and facilities. Campers and siblings get the opportunity to meet counselors and other campers, and parents have the chance to ask any and all questions they have following a short presentation by the Summer Camp Directors. Attendance is highly recommended, and beverages and snacks are provided. Please sign up for the presentation time you are most likely to attend on the “Session and Camp Signup Page.”

Each session begins on Monday and ends on Saturday. Please use the following schedules to determine arrival and departure times for each week-long camp session.

Monday (first day of session)

- Check In is based on program. Please arrive during the following check in times:
- Traditional Camp: Between 1:30 – 3:00p
- All other camps: Between 3:00 – 4:00p

Saturday (last day of session)

- Arrive between 10:30a and 11:00a
- Awards Program at 11:05a
- Lunch (Potluck*)
- Departure by 1:00p

***For the Saturday potluck lunch,** we will notify you of what to bring on Monday, the first day of the session. Nuhop will provide table service, serving utensils and some food. Please plan to stay until around 1pm for the Awards Program and lunch on the last day.

Out of State Families: Please contact the office if you need to arrange airport transportation.

Please use the following address for directions to Orientation Day and Summer Camp Sessions:

Camp Nuhop
1077 Township Road 2916
Perryville, OH 44864

Application and Payment Process

Application Process

1. Please read through entire application carefully.
2. Choose which session and camp you wish to attend.
3. Complete pages 5 – 14.
4. Send in completed pages with your \$150 deposit.
5. Have a teacher or counselor complete and mail pages 15 – 16.

Payment Process

1. Send in \$150 deposit with the completed application. You may also pay in full at this time.
2. If you prefer to make installments, you may use the following timeline:
 - Deposit is still due with application.
 - Half of the balance is due on or before May 15th.
 - The remainder is due on or before June 15th.
3. You may pay by cash or check. We can no longer accept credit cards.
4. Your session must be paid in full in order to attend camp.
5. The refund policy can be found at the bottom of Page 6.

After receiving the Application and Deposit, we:

1. Send a postcard telling you we have received your Application and Deposit, along with confirmation of reserved session and camp choice.
2. Postcards will be sent out every Thursday, starting the first week of January.
3. The first week of May, we will send a packet of information that includes:
 - a. Another Information and Reminders Page
 - b. A “What to Bring” List
 - c. A map with directions to camp
 - d. A sample medication envelope

For any Application received after May 1, we will only send the packet of information, but will include confirmation of reserved session and camp choice.

Financial Assistance and Scholarship Information

- Financial aid is available for those in need of financial assistance.
- Financial aid through Camp Nuhop can only cover up to half of tuition and the percentage of tuition covered will depend on financial need as determined by the financial aid packet.
- The \$150 deposit is not covered by the aid and must be included with application.
- Please contact the camp office or check the yes on page 5 to receive a financial aid packet.

If you have any questions, please contact the Nuhop Office at 419.289.2227

Please send Application and Deposit to:

Camp Nuhop
404 Hillcrest Drive
Ashland, OH 44805

Explanation of Programs Offered

Traditional Camp: Ages 8 – 18

Traditional Camp offers a fun and challenging week of friendship and success. Activities will include hiking, swimming, canoeing, and camping under the stars. Campers will be divided by ages, allowing the Nuhop staff to make Traditional Camp more challenging as campers get older.

Exploration Camp: Ages 6 – 8

Exploration Camp is similar to Traditional Camp, but activities are designed with younger campers in mind. Exploration Camp is a great introduction to the outdoors and the residential experience.

Sports Skills Camp: Ages 9 – 15

Sports Skills Camp provides the opportunity for campers to learn rules and practice skills in various sports. The atmosphere is friendly and the competition is just for fun. Sports Skills Camp is offered for two different age groups to enhance the campers' experience.

Science Camp: Ages 9 – 15

Science Camp focuses on fun, hands-on learning. Campers will make friends by discovering their natural world using science in addition to some traditional camp activities. Science Camp is offered for two different age groups to enhance the campers' experience.

Bike Camp: Ages 12 – 16

Bike Camp will take campers around Ohio to enjoy the camaraderie of biking on trails and converted train rails. Nuhop will supply the bikes, helmets, water bottles, and basic bike safety and maintenance training. Campers that apply for Bike Camp must know how to ride a bike before attending. Bike Camp is offered for two different age groups to enhance the campers' experience.

Crusoe Camp: Ages 14 – 16

Crusoe Camp is designed with wilderness and survival techniques in mind. Campers will be responsible for building their own shelters and cooking their own food as they spend four days isolated in nature. The Nuhop staff will supervise, support, and lead activities during a week that results in close friendship and lasting memories.

Art Camp: Ages 14 – 18

Art Camp is for those that enjoy creating and appreciating many forms of art. Our resident artist and staff will provide all the materials needed for each project. Campers will also enjoy a day at a nearby metropolitan art museum.

Ohio Adventures Camp: Ages 14 – 18

Ohio Adventures takes campers on a trip through Ohio via Ohio's state parks. Campers will spend 3 nights camping in two different state parks. Activities may include canoeing, kayaking, hiking, caving, and climbing.

Lake Erie Islands Camp: Ages 14 – 18

Explore Lake Erie's south shore and fun-filled islands. Campers will see magnificent sights and sunsets with new friends as they swim, boat, and hike around Lake Erie.

Aqua Camp: Ages 14 – 18

Aqua Camp is for those who love the water. Activities will include swimming, canoeing, kayaking, and white water rafting the Youghiogheny River in Pennsylvania.

National Trip Camps: Ages 15 – 18

National Trip Camps provide the opportunity to travel around the United States. Each year is a new destination. The trip for 2012 will be to Shenandoah National Park in Virginia, including trips to nearby historical sights in Washington DC and the surrounding area.

Leadership Camp: Age 17 and Older

For returning campers who have been recommended and meet the age requirements, Leadership Camp provides the setting for campers to build and utilize leadership skills with younger Nuhop campers.

Expedition Camp: Age 18 and Older

Expedition Camp is for young adults who want to explore beyond a traditional camp experience. Expedition campers will spend 3 days and two nights at an Ohio state park.

Application – Please Complete and Mail

Camper's Full Name _____
 Age _____ Birth Date _____ Sex: M _____ F _____
 Attended Camp Nuhop in the Past Y _____ N _____
Address: Street _____
 City, State, ZIP _____
 County _____
 Phone (_____) _____ - _____

MOTHER/Grdn. Name _____
Address (if different from camper's address)
 Street _____
 City, State, ZIP _____
 Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 Work Phone (_____) _____ - _____
 Email _____

FATHER/Grdn. Name _____
Address (if different from camper's address)
 Street _____
 City, State, ZIP _____
 Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 Work Phone (_____) _____ - _____
 Email _____

Contact if above contacts are not available:
 Name _____
 Relation _____
 Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 Work Phone (_____) _____ - _____
 Email _____

For Office Use Only

Application Rec'd _____
 Health Form Rec'd _____
 Date Postcard Sent _____
 Date Packet Sent _____
 Session(s) _____
 Program(s) _____
 Photograph yes / no

Financial Records

Deposit Rec'd \$ _____ / _____
 P1) \$ _____ / _____
 P2) \$ _____ / _____
 P3) \$ _____ / _____
 P4) \$ _____ / _____

Organization or Agency:

For Office Use Only

**Please address all questions concerning
 this camper to:**
 Mother _____ Father _____

I would like to receive a financial aid packet:
 Yes _____ No _____

Application – Please Complete and Mail

Payment Authorization Form

- This form is to be signed and completed by all funding sources, or must be accompanied by documentation verifying a funding commitment.
- Funding sources include Self-Pay, School Systems, Agencies, and Philanthropic Organizations.
- This form must be returned before confirmation of session and camp can be given.
- Financial Aid Application available upon request. To receive a financial aid packet, please check the corresponding box on Page 5 of this application.

CAMPER _____ TOTAL COST OF CAMP: _____

Self-Pay/Parents

WILL PAY:

I/We authorize services for the amount specified in the Self-Pay/Parents line. In the case of non-payment of the amount specified, the undersigned agrees to pay all costs of collection.

\$ _____

Name of Payee _____

Authorized by – Signature _____

Relationship to Child _____ Date _____

Address _____

Telephone _____ Cell _____

SOURCE #1

WILL PAY:

I/We authorize services for the amount specified in the Source #1 line. In the case of non-payment of the amount specified, the undersigned agrees to pay all costs of collection.

\$ _____

Name of Organization _____

Authorized by – Signature _____

Title _____ Date _____

Address _____

Telephone _____ Fax _____

SOURCE #2

WILL PAY:

I/We authorize services for the amount specified in the Source #2 line. In the case of non-payment of the amount specified, the undersigned agrees to pay all costs of collection.

\$ _____

Name of Organization _____

Authorized by – Signature _____

Title _____ Date _____

Address _____

Telephone _____ Fax _____

Total \$ _____

If there are additional funding sources, you may copy this form.

Refund Policy: If your child is not accepted, your deposit will be returned in full. A \$100 refund of the deposit will be made if your child does not attend after the application is processed. There will be **NO** refund if notice of cancellation is not received three weeks before your child's camp.

Application – Please Complete and Mail

Session and Camp Signup

To Complete This Sheet:

1. Please label first (1) and second (2) choice of session and camp on left side of sheet
2. First Year Campers please check the Orientation Day box accordingly
3. Out – of – State campers please check the last box accordingly
4. Programs are listed “Camp (ages) \$ cost”

Session 1: June 18 - June 23

- Exploration (6-8) \$795
- Traditional (8-18) \$795
- Crusoe (14-16) \$795
- Ohio Adventures (14-18) \$925
- Lake Erie (14-18) \$925

Session 2: June 25 – June 30

- Exploration (6-8) \$795
- Traditional (8-18) \$795
- Sports 1 (9-12) \$925
- Bike 1 (12-13) \$925
- Aqua (14-18) \$925

Session 3: July 2 - July 7

- Traditional (8-18) \$795
- Sports 2 (13-16) \$925
- Ohio Adventures (14-18) \$925
- Expedition (18+) \$925

Session 4: July 16 - July 21

- Traditional (8-18) \$795
- Science 1 (9-12) \$925
- Bike 2 (14-16) \$925
- Aqua (14-18) \$925

Sessions 4 and 5: July 17 – July 28

- Shenandoah N. P. (Virginia)
(15-18) \$2050

Session 5: July 23 - July 28

- Traditional (8-18) \$795
- Science 2 (13-16) \$925
- Ohio Adventures (14-18) \$925
- Leadership (17+) \$795

Session 6: July 30 - August 4

- Traditional (8-18) \$795
- Crusoe (14-16) \$795
- Art (14-18) \$925
- Lake Erie (14-18) \$925
- Expedition (18+) \$925

First Year Families Only:

Orientation day will be on Saturday, June 9th.

You are strongly encouraged to attend.

Check the presentation time you will most likely attend.

- Presentation 1: 9:00a – 10:30a
- Presentation 2: 11:00a – 12:30p
- Presentation 3: 1:30p – 3:00p
- Presentation 4: 3:30p – 5:00p

Out – of – State Families Only:

My child will need transportation to and/or from the airport. (\$ 40 per trip)

Airports: Akron, Cleveland, Columbus

My child will be staying for two sessions and will stay at Nuhop in between. (\$200 per wknd)

Note: No stay between is available between Sessions 3 and 4.

Campers are not eligible to stay between sessions unless they live at least 3 ½ hours (7 hours round trip) away from camp.

Application – Please Complete and Mail

1. Child's Diagnosis: Please check all that apply.

ADD ADHD ED/BD CD LD OCD ODD PDD-NOS
 PTSD RAD SLD Anxiety Aspergers Autism Bi-polar

Other: please explain _____

2. Child's school placement: Please check all that apply

public school regular classroom public school regular classroom with tutoring/inclusion
 public school self-contained classroom day treatment program homeschooled

private/charter school (please explain): _____

other (please explain): _____

3. Three things your daughter/son is good at:

- a. _____
- b. _____
- c. _____

4. Two things you would like to see your daughter/son accomplish at camp:

- a. _____
- b. _____

5. Has your child been away from home overnight? _____

6. We require that campers be able to take care of themselves with minimal help. Is your child capable of this? _____ If no, please explain: _____

Application – Please Complete and Mail

7. Does your child have issues with authority? _____ If yes, please explain: _____

8. Does your child have behavioral issues? _____ If yes, please explain: _____

9. Do you feel that your child will be successful with a 3:7 staffing ratio? _____ If no, please explain: _____

10. Does your child take medicine? _____ If yes, what and how often? _____

11. Does your child wear glasses or hearing aids? _____

12. Does your child have any physical restrictions? _____ If yes, please explain: _____

13. Does your child have any special dietary considerations? (allergies, vegetarian, etc.)

If yes, please explain: _____

14. Does your child have any allergies or other medical conditions? _____ If yes, please explain:

15. How did you hear about Camp Nuhop? (please provide names and addresses or websites)

_____ Internet () _____ Advertisement ()
_____ Teacher () _____ Doctor ()
_____ Friend () _____ Past Camper or Family ()

**The Nuhop Center for Experiential Learning,
The Home of Camp Nuhop,
Presents...**

We would love to talk to you!

If you belong to a school, agency, or organization that would like to learn more about The Nuhop Center and our summer programs at Camp Nuhop, we would love to send one of our staff members to speak with you! We would be delighted to meet with potential campers, their parents, and teachers to describe our unique program. Please contact the office to set up a time (419)289-2227.

We would love to save you some money!

- **Just clip the coupon and attach it to the application. It's Easy!**

Early Bird Special

Application must arrive by March 15, 2012.

\$25.00 off

PLEASE ATTACH COUPON TO APPLICATION



Camp Nuhop Health Form – Please Mail with Application

Camper's Full Name _____

Age _____ Birth Date _____ Sex: M _____ F _____

Attended Camp Nuhop in the Past Y _____ N _____

Address: Street _____

City, State, ZIP _____

County _____

Phone (_____) _____ - _____

Parent/Grdn. Name _____

Address (if different from camper's address)

Street _____

City, State, ZIP _____

Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Email _____

Contact if above contact is not available:

Name _____

Relation _____

Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Email _____

Camper Health History

· Please check and give approx. dates

____/____/____ Asthma

____/____/____ Bed Wetting

____/____/____ Ear Infections

____/____/____ Seizures

____/____/____ Chicken Pox

____/____/____ Measles

____/____/____ Mumps

____/____/____ Other (_____)

Allergies

____ Hay Fever

____ Poison Ivy

____ Insect Stings

____ Penicillin

____ Latex

____ Other (_____)

Food Allergies

____ Peanuts

____ Tree Nuts

____ Gluten

____ Dairy

____ Other (_____)

Immunizations

____ Immunizations are up to date
(please attach a copy)

____ We do not immunize

____ Date of last tetanus booster

Operations or Serious Injuries: _____

Chronic or Recurring Illness: _____

Other health issues or concerns: _____

Please check the items you give permission for Camp Nuhop to dispense:

(All are supplied by Camp Nuhop, please do not send extra to camp)

- ___ **Acetaminophen** (Tylenol); for headache, fever, aches and pains
- ___ **Ibuprofen** (Advil); for headache, aches and pains, swelling
- ___ **Pepto-Bismol**; for diarrhea and upset stomach
- ___ **Benadryl**; for allergies or insect bites/stings
- ___ **Midol**; for relief from menstrual symptoms
- ___ **Cough Drops**; for relief from coughing
- ___ **Caladryl Clear**; for poison ivy, insect bites, or minor skin irritation
- ___ **Gold Bond Medicated Powder**; for minor skin irritations

Current medications, with dosage and time:

Medication	Dose	Times of Day	Reason for Taking Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Provider Information:

Family Physician Information:

Insurance Information:

Name: _____

Carrier: _____

Phone Number: _____

Policy or Group # _____

Parent / Guardian Authorization:

The Camp Nuhop staff has my permission to administer the medications listed above. I understand I am responsible for dividing these medications into single envelopes, one for each time medication is to be given, containing the correct medication and labeled with the above information.

This health history is correct and complete to the best of my knowledge. I hereby give permission to Camp Nuhop or a selected healthcare provider to treat the child listed on this health form in the event that medical attention is needed. Medical attention may be first aid, physician visits, or hospitalization, including injections, anesthesia, x-rays, tests, and surgery.

Signature _____ **Relationship to Camper** _____ **Date** _____

General Consent, Waiver, and Release

Please read completely before signing. The effect is to release the Nuhop Center for Experiential Learning (The Nuhop Center) from any liability resulting from participation in camp activities and waive all claims for damages or losses against The Nuhop Center.

The Nuhop Center is committed to providing a safe recreational experience, both physical and mental. However, the undersigned recognizes the inherent risk of loss, damage, and/or injury, involved when participating in any activity facilitated at or through The Nuhop Center.

In order to participate in activities facilitated at or through The Nuhop Center, this form must be signed by the participant (if over 18 years of age) or the participant's parent or legal guardian. By signing, you acknowledge and assume all associated risks, known and unknown, and agree that The Nuhop Center shall not be held responsible or liable for any damages arising from personal injury sustained by the above named participant.

In addition, you allow The Nuhop Center to transport the above named participant by motor vehicle, including those owned by the Nuhop Center and its staff members. The Nuhop Center and its employees take the utmost precaution to transport clients safely and will not be held liable individually or collectively for any injuries sustained through motor vehicle transportation to or from The Nuhop Center facilities.

Signature of Participant (if over 18 years of age) Date _____

Signature of Parent or Legal Guardian Date _____

PHOTO RELEASE

Yes / No Permission is given for my camper's picture to be taken with the possibility of it being published for promotional use.

VIDEO RELEASE

Yes / No Permission is given for my camper to be included in a videotaping with the possibility of it being published for promotional use.

Signature of Parent or Guardian if you circled "yes" to an any of the above

_____ Date _____

"Promotional use" includes, but is not limited to the Camp Nuhop brochure, website, and advertising materials.

**Challenge Course Program
Participation Agreement**

Only participants 12 years of age and older need to fill this page out!

_____ **print participant name**

_____ **session**

Instructions: Please read this form carefully. Each participant and their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be permitted to participate in the program.

I understand that my participation in the Challenge Course at Camp Nuhop/Nuhop Center for Experiential Learning is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

_____ (parent initials)
Initial

I understand the employees of Camp Nuhop/Nuhop Center for Experiential Learning have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, ground initiatives, and other activities in the Challenge Course Program for which I and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

_____ (parent initials)
Initial

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Camp Nuhop/Nuhop Center for Experiential Learning and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

_____ (parent initials)
Initial

Optional:

I grant Camp Nuhop/Nuhop Center for Experiential Learning and persons acting through them, the right to use, reproduce, assign, and /or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in promotional materials they may create.

_____ (parent initials)
Initial

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

signature of participant (required)
age: _____

if participant is under 18,
signature of Parent or Guardian is REQUIRED

Teacher/Counselor Questionnaire

Dear Teacher/Counselor,

Thank you for taking a moment to fill out this questionnaire. The Nuhop Center, home of Camp Nuhop, provides a week-long residential summer experience for children with learning differences. Our mission is to create a safe, nurturing, dynamic learning environment where people are empowered to succeed. At Camp Nuhop, children with special needs will find a place where individuality is appreciated. This questionnaire is an important part of providing a successful week of adventure, fun, and friendship.

I am completing this form regarding: _____

Student's Name

1.) In what capacity do you know the above student?

Teacher Counselor Intervention Specialist Social Service Provider

2.) Student's Diagnosis? Please check all that apply:

ADD ADHD ED/BD CD LD OCD ODD PDD-NOS PTSD

RAD SLD Anxiety Aspergers Autism Bi-polar

If Other, Please Explain: _____

3.) Student's school placement? Please check all that apply:

public school regular classroom public school regular classroom with tutoring/inclusion

public school self-contained classroom day treatment program homeschooled

private/charter school: please explain: _____

other: please explain: _____

4.) Three ways your student is successful:

1. _____

2. _____

3. _____

5.) We require that campers be able to take care of themselves with minimal help. To your knowledge, is this child capable of this? _____ If no, please explain: _____

6.) To your knowledge does this student have issues with authority _____ If yes, please explain: _____

7.) Does this student have behavioral issues? _____ If yes, please explain: _____

8.) If you answered yes to the above question, please explain what strategies are used to successfully deal with those behaviors.

9.) Do you feel that this student will be successful with a 3:7 staffing ratio? _____ If no, please explain:

10.) Please use the space below to share any other information you feel would be beneficial to the staff in providing your student with the most successful camp experience.

Name (Please Print)

Title/Position

___ Please send additional information about Camp Nuhop to give to other students.

Name _____

Address _____

I would like _____ copies of the summer camp brochure.

Please mail this completed form to: Camp Nuhop
404 Hillcrest Drive
Ashland, Ohio 44805

If you would like to know more information about Camp Nuhop, please:

Visit our website: www.campnuhop.org

or

Call our camp office: 419.289.2227