



CAMP PENNWOOD APPLICATION

2026

Ages 6-21 including 2026 Graduates

APPLICATION DEADLINE: May 1, 2026

Campers are responsible for payment of transportation via Kelly Transit. York-Adams MH/IDD does NOT pay for camper transportation. Payment for transportation is due prior to the first day of camp. Half is due by May 1st and the remainder is due by July 6th.

You may apply for a grant for transportation. The awarding of grants is based upon camper financial need and the amount of donations made to the grant fund in 2026. Grant applications must be submitted with the Camp Pennwood application. Grants are limited, and full funding is usually not provided.

TRANSPORTATION VIA KELLY TRANSIT IS NOT FREE.

Please complete and return all of the following forms by May 1, 2026: Application, Release Form, Medical History Form, Payment Form, Household Survey (confidential), Health Exam.

**Att: Camp Pennwood
The Arc of York and Adams Counties
497 Hill Street
York, PA 17403**

*****APPLICATION DEADLINE IS May 1, 2026*****

2026 CAMP PENNWOOD APPLICATION

I. GENERAL INFORMATION: (Please Print)

Camper Name: _____

Date of Birth: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip)

Home Telephone #: _____

Father/Guardian: _____ Home Phone #: _____

Father's Address: _____

Father's Place of Employment: _____ Phone #: _____

Father's Email Address: _____

Mother/Guardian: _____ Home Phone #: _____

Mother's Address: _____

Mother's Place of Employment: _____ Phone #: _____

Mother's Email Address: _____

Emergency Contact (Must list person familiar with camper, other than parent, who is available from 9:30 AM –4:00 PM)

(Name) _____ (Phone #) _____

Please list all persons your child may be released to. Campers will not be released to anyone except those persons listed here. (In custody situations, proof of custody may be necessary.)

My Child's MH/IDD Supports Coordinator is _____.

My Child's MH/IDD (BSU) case number is _____.

Current School: _____ Name of Teacher: _____

Teacher Email: _____ Teacher Phone: _____

ALLERGIES/FOOD

RESTRICTIONS: _____

Is your child receiving 1:1 support services (RBT/BCBA/BHT etc.) at school? _____ YES _____ NO

If so, give the Agency Name and Phone #:

Support Staff's Name: _____

Behavior Specialist: _____

Mobile Therapist: _____

If your child is receiving 1:1 support services at school they must have one at camp. (This does not include an aide for personal care)

If your child has an IEP or behavior intervention plan, please include with the application

Inaccurate information can negatively affect the services we provide and can result in dismissal from Camp Pennwood.

II. CAMP ATTENDANCE: Camp hours are 9:30 AM – 3:00 PM
■ CAMP BEGINS AT 9:30 AM. DO NOT DROP YOUR CHILD OFF AT CAMP BEFORE 9:30 AM.

Request the desired weeks of attendance below. We will try to accommodate your requests, however, be advised that many age groups fill quickly and it may not be possible for your child to attend every requested week. You will be notified of your child's weeks at camp by mail. Camp will be in session the following weeks:

1. _____ July 6-10, 2025
2. _____ July 13-17, 2025
3. _____ July 20-24, 2025
4. _____ July 27-31, 2025
5. _____ August 3-7, 2025

Please place a check mark next to the week (s) that your child would like to attend camp:

III. COSTS AND FUNDING:

Payment for camp and half the transportation cost is due on May 1, 2026. If you need your child to use camp transportation at assigned pick-up points, the cost varies depending on how far your pick-up point is from camp. Please see page 6.

The cost of camp is \$530 per week. There are various ways to pay for camp as follows:
(Please contact The Arc to discuss the options if you are unsure)

YOU MUST check one of the following:

1. _____ **Self-Pay**
Please call The Arc for more information.
2. _____ **York-Adams Counties MH/IDD**
I am seeking payment from MH/IDD for my son/daughter to attend camp. I am currently registered with the MH/IDD office.
3. _____ **Campership**
If you are interested in a campership to assist with the cost of camp, please contact The Arc for more information. You will be asked to fill out an application and will be asked for sensitive information regarding finances.

Note: If your son/daughter is not registered with the MH/IDD office, please call the York office of MH/IDD (717-771-9618) or the Hanover office (717-632-0927) to apply for services.

DEADLINES

May 1, 2026– Deadline for application submission.

May 1, 2026– Camp payment and half of transportation costs are due.

May 1, 2026– Health Forms are due.

If you need extra time for Health Forms due to doctor's appointments, it is very important to contact us at 717-846-6589.

July 6, 2026 – Remaining balance of transportation cost is due.

Late applications may result in your child not being able to attend camp unless there is an opening.

IV. INDIVIDUAL SKILLS DEVELOPMENT:

To help provide your son/daughter with the most enjoyable summer possible, please describe in detail the following information about your child's needs:

Toileting: (assistance with clothes or diapering, constant supervision, independent, etc.)

Personal hygiene: (washing hands, combing hair, menstrual care, etc.)

Dressing: (buttons, zippers, putting clothes on, etc.)

Eating: (physical assistance, only uses spoon, special diet, likes or dislikes, etc.)

Communication skills: (non-verbal, sign language, communication device, etc.)

Interactions with other children/adults: (gets along well, fights, is shy, gets upset by..., etc.)

Behaviors: (wanders off, easily upset by..., short attention span, etc.)

Aggressive behaviors and tips for preventing behaviors: (hitting, biting, destroying property, what helps, etc.)

Does your child exhibit behavior at times that could result in injury to other campers or staff?

_____ YES _____ NO If yes, please explain.

Has your camper ever been accused of or charged with any criminal behavior, including theft, sexual or other assault, etc.?

_____ YES _____ NO

If yes, please explain:

Activities: Sports, Arts, and Crafts, Music (favorites, dislikes, needs, etc.)

Swimming Skills: (no experience, afraid of water, previous lessons, needs, etc.) Does your child need a flotation device?

Allergies/Food Restrictions:

Did we miss anything? (Please include anything else you think we should know for the safety and enjoyment of your child and other campers.)

V. TRANSPORTATION:

Does your child use a wheelchair or other assisted mobility device? Which?

Transfer Skills: (if utilizing a wheelchair, what assistance is needed?)

Does your child require an aide or any special accommodations/ lift van while riding the bus during the school year? If yes, explain:

If you want to use the bus pick-up system (Kelly Transit), the fees per week are as follows:

\$100.00 – Zone 1 \$105.00 – Zone 2 \$110.00 – Zone 3 \$115.00 – Zone 4

Half of the total transportation fee must be received by May 1, 2026. The remaining half must be received by July 6, 2026.

Please make checks payable to The Arc of York and Adams Counties.

_____ I will be providing transportation for the camper directly to and from camp.

_____ I am responsible for the required weekly fee to use the assigned pick-up bus system through Kelly Transit. I assure timely payment as required.

• _____
PARENT'S SIGNATURE **DATE**

PLEASE CHECK WHICH PICK-UP POINT YOU WOULD LIKE TO USE:

Zone	Location
1	_____ Hannah Penn Middle School, 415 E. Boundary Avenue
1	_____ Edgar Fahs Smith Middle School, 701 Texas Avenue
1	_____ Jacob Devers Elementary School, 801 Chanceford Avenue
1	_____ Weis Market, 2850 Carlisle Road, Weiglestown
1	_____ Central York High School
1	_____ West York High School, Bannister Street, York
1	_____ Northeastern High School, Manchester
1	_____ York Suburban High School, 1800 Hollywood Drive, York
2	_____ Kenny's Market, Spring Grove
2	_____ Dallastown High School (lot near football field)
2	_____ Holiday Inn Express, 140 Leader's Heights Road (lower lot)
2	_____ Kelly Transit, N. Main St, Dover
3	_____ Claire's Drive-In, Grandview and Blooming Grove Road, Hanover
3	_____ The Hart Center, 450 E. Golden Ln, New Oxford
4	_____ Walmart, Gettysburg 1270 York Rd, Gettysburg, PA 17325
4	_____ I would like a pick-up point in Dillsburg (The feasibility will be assessed by The Arc.)
4	_____ I would like a pick-up point in Shrewsbury (The feasibility will be assessed by The Arc.)

The Arc of York and Adams Counties

Media Release Form

I hereby give my consent to all photographs, audio or video recordings taken of me or my minor child by The Arc of York and Adams Counties staff or their designee. I understand that any such photographs, audio and/or video recordings become the property of The Arc of York County and may be used by the agency for educational, instructional, or promotional purposes determined by The Arc of York and Adams Counties in broadcast and electronic media formats now existing or in the future created.

_____ Yes, I give my consent.

_____ No, I do not give my consent.

Camper Name: _____
(Please print)

Parent's/Guardian's Name: _____
(Please print)

Parent/Guardian Signature: _____

Date: _____

Rights of the Individual

- (a) An individual may not be discriminated against because of race, color, creed, disability, religious affiliation, ancestry, gender, gender identity, sexual orientation, national origin or age.
- (b) An individual has the right to civil and legal rights afforded by law, including the right to vote, speak freely, practice the religion of the individual's choice and practice no religion.
- (c) An individual may not be abused, neglected, mistreated, exploited, abandoned or subjected to corporal punishment.
- (d) An individual shall be treated with dignity and respect.
- (e) An individual has the right to make choices and accept risks.
- (f) An individual has the right to refuse to participate in activities and services.
- (g) An individual has the right to control the individual's own schedule and activities.
- (h) An individual has the right to privacy of person and possessions.
- (i) An individual has the right of access to and security of the individual's possessions.
- (j) An individual has the right to choose a willing and qualified provider.
- (k) An individual has the right to choose where, when and how to receive needed services.
- (l) An individual has the right to voice concerns about the services the individual receives.
- (m) An individual has the right to assistive devices and services to enable communication at all times.
- (n) An individual has the right to participate in the development and implementation of the individual plan.
- (o) An individual and persons designated by the individual have the right to access the individual's record.

Individual Name: _____
(Please print)

Parent's/Guardian's Name: _____
(Please print)

Parent/Guardian Signature: _____

Date: _____

**HEALTH EXAMINATION
BY LICENSED PHYSICIAN
FOR CAMP PENNWOOD**

2026

Child's name: _____ **Date:** _____

I _____ authorize my physician to provide the following information.
Parent/Guardian

I understand that it will be used only by The Arc of York and Adams Counties staff to help my child.

Signature: _____ Date: _____

TO BE COMPLETED BY THE DOCTOR

Campers must have been fully examined by a doctor between September 1, 2025, and May 31, 2026 to be able to attend camp.

I examined the above camp applicant on _____ (date)

Is the applicant free of infectious disease? Yes _____ No _____

If "No", please indicate type of disease: _____

Are there any medical reasons why this patient should not attend an outdoor, rural day camp?

Identify any medical problems which may place this applicant at an increased risk of medical emergency:

In my opinion, the above individual's condition **does** / **does not** preclude his/her participation in an active camp program, including swimming and being exposed to domestic/farm animals. Explain if "does".

The applicant is under the care of a physician for the following conditions (Please include if applicant has diabetes or seizures, etc.): _____

Instructions for management of applicant's seizure disorder (if applicable): _____

Current medications/treatments: (include dosages): _____

Please list any medications that will need to be administered during camp (between 9:30 am and 3 pm):

Please list any orthotics or prosthetics which may be necessary at Camp. List any special instructions required to use them properly: _____

Describe prescribed meal plan or dietary restrictions:

Describe any allergies: _____

Medication(s)

While attending Camp Pennwood, I give permission to staff to use their own judgment in administering the following if needed:

_____ Tylenol
_____ Advil (Ibuprofen)
_____ Triple Antibiotic Ointment
_____ Tums >12 years old
_____ Hydrocortisone 1% cream
_____ Diphenhydramine HCl

Health History (Circle if applicant has had any of the following):

Frequent Ear Infections	Heart Defect/Disease	Convulsions/Seizures
Diabetes	Bleeding/Clotting Disorders	Hypertension
Hepatitis	Spinal/Orthopedic Conditions	Asthma

Allergies:

Hay Fever _____	Insect Stings _____	Foods _____
Poison Ivy/Oak _____	Drugs _____	Other _____

Please explain managing above conditions, if needed:

History of operations or serious injuries (please note):

Disability or chronic recurring illness: _____

Please provide the following vaccination records:

Vaccines:	Dates given:
DPT/TD Diphtheria Pertussis (Whooping Cough) Tetanus	1. 2. 3. 4. 5. 6.
TOPV Trivalent Oral Polio	1. 2. 3. 4. 5.
Measles	1. 2.
Mumps	1. 2.
Rubella (German measles, 3-day measles)	1. 2.
HIB Hemophilus B	1. 2. 3. 4. 5.
Hep B Hepatitis B	1. 2. 3.
Other	

Note: TB/Mantoux test is no longer required.

Exam and form completed by Dr. _____
(Please type or print)

Licensed Physician's signature: _____

Phone: _____

Address: _____
Street City State Zip

Date form completed: _____

PHYSICIAN COMPLETES THIS PART

This completed form MUST accompany ALL MEDICATIONS (prescription, non-prescription and herbal remedies) to be given at Camp. (one form per medication)

I have prescribed for

(NAME of CHILD) (DOB)

_____ to be administered at
(Name of medication) (Dosage)

_____ for _____
(Time of Day) (Approximate length of time)

Diagnosis/Condition being treated: _____

Specific instructions: _____

Physician Name: _____ / _____
(Signature) (Print Name)

Date of order _____ Physician phone# _____

PARENT/ GUARDIAN COMPLETES THIS PART

I give my consent for the Camp Nurse (RN or LPN) to administer the medication to my child listed above

DATE, _____ PARENT SIGNATURE, _____

**CAMP PENNWOOD 2026
MEDICAL HISTORY FORM
THE ARC OF YORK AND ADAMS COUNTIES**

CHILD'S NAME: _____

BIRTH DATE: _____ **AGE:** _____ **SEX** _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ **WORK PHONE:** _____

ADDRESS: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ **WORK PHONE:** _____

ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____

TELEPHONE NUMBER: _____

ADDRESS: _____

PHYSICIAN'S NAME: _____ **PHONE #:** _____

DENTIST'S NAME: _____ **PHONE #:** _____

Are there any restrictions on your child's physical activities at Camp due to a medical condition?

____ YES ____ NO

If YES, please give details about the restrictions: _____

Please list all medications and dosages that your child is taking:

Permission to Apply Insect Repellent and/or sunscreen

____ Staff may apply insect repellent according to the direction on the product label

____ I do not know of any allergies my child has to insect repellent

____ My child is allergic to some insect repellents. I have provided the following brand/type of insect repellent or use on my child _____

____ Please DO NOT apply insect repellent to the following areas of my child's body _____

____ Please do not apply insect repellent to my child.

____ Staff may use Camp Pennwood's *sunscreen* according to the directions on the product label.

____ I do not know of any allergies my child has to sunscreen.

____ My child is allergic to some *sunscreens*. I have provided the following brand/type of *sunscreen* for use on my child _____

____ Please DO NOT apply *sunscreen* to the following areas of my child's body: _____

____ Please do not apply sunscreen to my child.

Is there anything else we should know about your child or are there any special instructions regarding your child's condition(s) (such as seizure or allergy management)?

There may be an additional charge to you if your child requires medical treatment at an off-site location.

IMPORTANT: THE FOLLOWING INFORMATION MUST BE COMPLETED FOR ATTENDANCE

DAILY ADMINISTRATION OF MEDICATION/EMERGENCY AUTHORIZATION:

I give permission to personnel selected by the Camp Coordinator to administer medication at my request and to apply routine first aid as needed.

I give permission for a physician to hospitalize, order x-rays, routine tests, and/or secure proper treatment for me.

I certify that this health information, which I have supplied, is accurate and complete.

Signature: _____ Date: _____

Witness: _____ Date: _____



HOUSEHOLD SURVEY

The Arc of York and Adams Counties receives contributions and funding from many sources, including the United Way and the County of York. They have requested that we collect the following information. It is not mandatory for you to complete this form, but it will be appreciated, as it will help The Arc receive much needed funding.

Please check the gender of the person (s) who will receive services through The Arc of York and Adams Counties.

_____ Female _____ Male _____ Other

Please check the age range of the person (s) who will receive The Arc of York and Adams Counties services.

0-5 _____ 6-12 _____ 13-24 _____ 25-39 _____ 40-59 _____ 60+ _____

Please check the race or ethnic background of the person (s) who will receive The Arc of York and Adams Counties services

You may check more than one.

_____ White (not Hispanic/Latino)
_____ African American/Black
_____ Latino/Hispanic Origin
_____ Other

_____ Asian
_____ Hawaiian/Pacific Islander
_____ American Indian or Alaska Native
_____ multi-race

What is your total yearly income from wages or salary, self-employment, social security, pension, public assistance, rent, interest, or other sources? (Check one line only)

_____ Unemployed	_____ \$ 25,000-\$49,999
_____ Less than \$15,000	_____ \$50,000-\$74,999
_____ \$ 15,000-\$24,000	_____ Over \$74,000

Please indicate your Zip Code. _____

Name of individual receiving services: _____

Address: _____

Signature of person completing form (not required) _____

Please complete this form and return it to The Arc at this address:

Dept _____

The Arc of York and Adams Counties

497 Hill St.

York, Pa. 17403

This information will be kept strictly confidential. Thank you.

Parking and Driveway

As a friendly reminder, when entering and leaving camp, please remember the speed limit is 15 MPH. Please use caution when making turns and sharing the roadway. There are many people and animals utilizing this space.

Parking: Markle Electric is kind enough to allow us to use their parking lot during the camp season. We ask that if you are going to park in that lot, that you park along the wood line (left side of the lot) and not block any roadways or other vehicles. You may also park in the tree line to the left of the driveway to walk your child to the building.