



Dear Parent/Guardian,

Thank you for your interest in KSI Kamp Lenape! We are so excited that you are interested in attending KSI Kamp Lenape. Enclosed you will find the Camper Application, along with essential information to provide you with a smooth registration process.

**Camp Hours: 8:00 AM to 2:00 PM, Monday through Friday  
June 30-August 1<sup>st</sup> (no Kamp on July 4<sup>th</sup>)**

This is what we will need from you before we can process your camper's enrollment:

- Application
- IEP and/or BIP
- Health Packet (this includes most recent physical and immunization record, and information about any prescriptions your child is currently taking)

***Note: If any of the above documentation is missing or incomplete,  
the application will be put on hold and a spot will not be held!***

Please send Application and all documentation using one of these methods:

- Mail: Kent-Sussex Industries, Inc., Attn: Michelle Cain, 301 N Rehoboth Blvd, Milford, DE 19963
- Email: [kamplenape@ksiinc.org](mailto:kamplenape@ksiinc.org)
- Fax: 302-422-5848 attention Michelle Cain

For your application to be reviewed, it must be complete and all required documentation must be submitted. ***This does not guarantee acceptance.*** You will be notified of enrollment once all requirements have been completed and reviewed. If any forms are incomplete or missing, we will notify you, and this could delay your camper being accepted.

Thank you again for your support. We hope to see you this summer!

Sincerely,

Michelle R. Cain  
Director of Funding Opportunities & Board Relations

***Providing Quality Pre-Vocational Training, Life Enrichment,  
Community Inclusion and Transportation Services for people with disabilities.***

*Milford Skill Development Center, 301 N. Rehoboth Blvd., Milford, DE 19963 • KSI Southern Campus, 5 Academy St., Georgetown, DE 19947  
302/422-4014 • 302/422-5848 FAX • [www.ksiinc.org](http://www.ksiinc.org) • Facebook/KSIWorks*





Kent-Sussex Industries, Inc.  
Kamp Lenape Camper Application

### Camper Information

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female ☐ Male  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_  
Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_  
Camper T-shirt size: **YOUTH:** ☐ Small ☐ Medium ☐ Large **ADULT:** ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2 XL

### Parent/Caregiver Information

Custodial Parent/Guardian #1: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Custodial Parent/Guardian #2: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Additional Contact Information

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_ Secondary # \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_ Secondary # \_\_\_\_\_

*In case of illness or injury, the Kamp will attempt to contact the parents/guardians at all numbers available. If the parent/guardian is unable to be reached, the emergency contacts will be called in the order they are listed. If no emergency contact is reached, appropriate medical care will be provided, including contacting the Camper's physician and transfer by ambulance (if necessary) to a medical facility for further care and evaluation. The Kamp will continue to call the parents/guardians until one is reached.*

Please identify whom you authorize to drop-off/pick-up your child. We will not allow a child to leave with anyone not identified below:

_____ Name	_____ Relationship to Camper
_____ Name	_____ Relationship to Camper
_____ Name	_____ Relationship to Camper



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Is the Camper utilizing transportation services? ☐ Yes ☐ No

If yes, name of transportation service: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Additional Camper Information

Does the Camper have any special behavior or sensory challenges? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

How do you help him/her de-escalate? \_\_\_\_\_

Please list any fears the Camper may have: \_\_\_\_\_

Is your Camper able to participate in the camp swimming program? ☐ Yes ☐ No

If yes, any pool restrictions? \_\_\_\_\_

**Assistive Devices:** \_\_\_\_\_

#### Diet

- ☐ Normal ☐ Blended/Pureed ☐ Chopped ☐ Choking/Aspiration Risk  
☐ Feeding Tube ☐ Gluten Free ☐ Diabetic  
☐ Food Allergies (list) \_\_\_\_\_

### Medications to be given at Kamp

- ☐ As a parent/guardian, I give my permission for the above-named Camper to have the regular and customary over the counter medications administered by the Kamp Nurse. I understand that he/she will be checked by the Kamp Nurse, and the medications will be administered if indicated following the Nurse's assessment.
- ☐ Please check box if **no prescription medications** will be given at Kamp.

1. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Does your child have allergies to any medication? ☐ Yes ☐ No

If yes, to what medication(s)? \_\_\_\_\_

- ☐ I do not know of any allergies my child has to sunscreen.
- ☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:  
\_\_\_\_\_



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## Waivers and Releases

- (1) **Approval, Waiver, and Activity Consent:** While KSI's Kamp Lenape will take every precaution, it is agreed that KSI is not legally responsible for any accidents, incidents, or injuries that may occur during camp session, assumes no responsibility for Camper's personal property, and is released from liability for any accident, incident, or injury, except that may be covered by Camper's insurance. Applicant has my permission to engage in all camp activities, except noted by myself or physician.
- (2) **Medical Treatment:** The undersigned hereby authorizes and grants permission to any licensed/certified medical professional designated by KSI's Kamp Lenape to provide routine medical care and administer medications, or to perform any emergency procedures on the camper that would be jeopardized by any delay in providing such treatment or performing such procedures.
- (3) **Photo Release:** \_\_\_\_ DO \_\_\_\_ DO NOT authorize KSI Kamp Lenape to release any pictures or photography taken of the above-named Camper for publication purposes. Such pictures or photographs may appear in publications and be circulated or distributed. I understand that these materials may be published on KSI Kamp Lenape's printed and/or promotional publications, KSI's website, and social media.

Signature of Legal Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

### Checklist:

- ☐ IEP attached
- ☐ BIP attached (if applicable)
- ☐ Recent Photo attached
- ☐ Caregiver to supply written Doctor's Order for all medications given at Kamp Lenape