

## Please Read All Information!

This booklet contains everything you need to register for SPECIAL DAYS CAMP, PARTNERS CAMP, OR ONE DAY INVESTIGATOR CAMP. Please read and follow all instructions carefully. Only one camper per application form please.

## What's Inside?

Look inside for more details about SPECIAL DAYS CAMPS and application forms. (It would be a good idea to save this booklet for future reference.)

Driving Directions	inside front cover
Program Descriptions, Directors, Addresses	page 1
Calendar (dates, check in/out time)	page 2
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Application, Medical History	insert page
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Suggested Clothing and Equipment List	inside back cover

## REMINDERS!

- \*You are encouraged to send in a **Camp Bank Deposit** with your application/camp fees, otherwise deposits must be made at check-in. Campers will have the opportunity to use their camp bank money to purchase items at the "canteen" (tee shirts- \$5-\$10, hats-\$5-10, snacks-50¢-\$1.00, etc.) Campers should not have cash at camp as it may become lost or stolen.
- \* Our theme for 2010 Summer Camp will be "Where in the World is Special Days". If you have any decorations for this international celebration that you would like to donate to help decorate camp please contact us at [tammy.willis@gmail.com](mailto:tammy.willis@gmail.com)

To the Parents Of:

Address service requested

SPECIAL DAYS CAMPS  
P.O. BOX 436  
Dimondale, MI 48821

**Driving Directions to Special Days Camps  
at YMCA Camp Pandalouan  
1243 E. Fruitvale Rd., Montague, MI 49437**

**IMPORTANT NOTE:** For GPS (and Mapquest) directions, type in E Fruitvale Rd & Blue Lake Rd, 49425

**From Detroit, Ann Arbor, Lansing and all points south east:**

- Take I-96 West to U.S. 31 North
- Follow Directions below

**From Traverse City, Grand Haven and all other points north or south:**

- Take U.S. 31 North / South (depending on direction you are coming from).
- Follow Directions below

**From Saginaw, Bay City and all other point north east:**

- Take U.S. Hwy 10 west to U.S. 31 South
- Follow Directions below

**REMAINDER OF DIRECTIONS: (EVERYONE)**

- Take the RUSSELL ROAD exit. (Approx. 6 miles North of the Apple Ave. exit).
- Turn Right onto Russell Road.
- Follow Russell all the way until it ends. About 10 miles. (Russell Road twists and turns, be sure to follow the signs for Muskegon County B-23. We will also do our best to have Special Days Camps signage at as many of the turns as possible).
- Russell Road will end at FRUITVALE ROAD.
- Take a right onto Fruitvale Road. Go 1/2 mile, Camp Pandalouan is on the right.

**Summer Camp Suggested Clothing and Equipment List**

We cannot emphasize enough the importance of labeling *all* belongings with a permanent laundry marker (available at most discount stores). Please do not pack belongings loose in a sleeping bag or pillowcase, if you do not have a suitcase please use a plastic garbage bag labeled with masking tape.

**Linen**

- Wash cloth and towels (remember to bring extra for the beach)
- Sleeping bag with single bed sheet (or sheets and a warm blanket)
- Pillow

**Clothing**

- 7 pairs of underwear
- 8 - 10 pairs of socks
- 2 pairs of pajamas
- 2 pairs of tennis shoes, slip on shoes are great! (Wet shoes need time to dry out.)
- 1 pair of beach shoes (sandals)
- 3 pairs of jeans
- 2 sweatshirts
- 1 warm jacket
- 4 pairs of shorts
- 6 T-shirts
- 1-2 bathing suits (one piece suits for females please)
- 1-2 sweat pants
- Rain gear (poncho or rain coat)

**Miscellaneous**

- Flashlight with extra batteries
- Soap, toothbrush, toothpaste, shampoo, etc.
- Sunglasses
- Bug repellent
- Sunscreen
- Plastic garbage bag for dirty clothes
- Plastic bag for wet clothes

**Other suggestions (not required)**

- Camera with extra film
- Favorite toys and books for rest period
- Paper, pens, and stamps
- Coloring books and crayons
- Sports equipment
- Tote bag or backpack to carry towel, sunscreen, etc. to the waterfront
- Water bottle

**DO NOT BRING:**

- Cell Phones
- Tobacco products
- Alcohol
- Illegal drugs
- Knives
- Firearms or weapons

**Possession of any of these items will result in dismissal from camp**

**DO NOT BRING VALUABLE ITEMS, they could be lost or broken and Special Days Camps is not liable for finding or replacing!**

Once you are packed please use masking tape to label the outside of all suitcases, bags, sleeping bags, and pillows with the camper's first and last name. This will help tremendously in identifying belongings at camp.

## **COSTS AND CAMP FEE**

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The budget for SPECIAL DAYS CAMPS is approximately \$210,000.00 per year. This covers the costs of renting the facility for summer and winter camp, as well as printing, postage and other administrative expenses. To try and offset costs, we engage in fund-raising events throughout the year. Many businesses, organizations, churches and service groups conduct fund-raisers to help support us. Contact Jim Carey, Executive Director, at 866-448-4710 if you would be interested in helping with fundraising.

The requested fee for summer camp is \$75.00 per camper although the cost to SPECIAL DAYS CAMPS is nearly \$700 per camper. Please consider a donation in addition to the camper fee to help offset camp costs. **ALL donations are tax deductible.** If possible, please send in the camper fee with the application. If this is not possible, you may send your camp application and forms in now and the camp fee at a later date. If you cannot afford the fee, SPECIAL DAYS CAMPS grants partial or full scholarships, no questions asked. Please check the appropriate "Camp Fees" box on the application.

*SPECIAL DAYS CAMPS is open to all eligible children regardless of ability to pay.*

## **CANCELLATION POLICY:**

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A full refund of the camp fee will be made for cancellations up to two weeks before summer camp. After that date, a refund is available only when the cancellation is for medical reasons and SPECIAL DAYS CAMPS has been notified prior to the first day of camp. If a cancellation is necessary, please call SPECIAL DAYS CAMPS as soon as possible in order to open the space to another camper. **A bed will be held only until the end of the stated check-in time. After that time the bed will be given to another camper unless other instructions are received.**

## **QUESTIONS?**

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**If you need to contact us during camp**, please call 866-448-4710. As a reminder, campers may only make phone calls with the permission of the camp director, **please do not send cell phones or pagers to camp.**

For any questions regarding camp please contact Tammy Willis, camp director, at our office phone number. Contact Jim Carey for questions regarding fund-raising or donations. E-mail messages may be sent from our web site: [www.specialdays.org](http://www.specialdays.org)

*SPECIAL DAYS CAMPS is an independent, non-profit organization licensed by the State of Michigan. SPECIAL DAYS CAMPS has been endorsed by the Children's Leukemia Foundation of Michigan; Children's Hospital of Michigan; Mott Hospital; Michigan State University, College of Human Medicine; and Beaumont Hospital.*

*SPECIAL DAYS CAMPS accepts campers and volunteers without regard to race, ethnic background, religion or disability.*

## **SPECIAL DAYS SUMMER CAMP CELEBRATES 32 YEARS!**

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This summer marks SPECIAL DAYS CAMPS' 32<sup>nd</sup> summer of camping, and we will be hosting camp at YMCA Camp Pandalouan located just north of Muskegon, MI. Campers will enjoy activities such as swimming, basketball, arts and crafts, campfires, nature hikes, challenge courses, boating, and horseback riding, just to name a few. We'll sing songs, play games, and have a great time; but the best part of camp is having the chance to renew old friendships and create new ones. Camp is a place where everyone can be themselves with others who understand and care. Come join the fun!

## **PROGRAM DESCRIPTIONS**

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### **SUMMER PROGRAMS:**

**Special Days Camp** is a weeklong, activity filled, resident summer camp program for children, ages 5 – 17, who have or have had cancer.

**Partners Camp** is a weeklong, activity filled, resident summer camp program for siblings (brothers/sisters) ages 5-17, of a child who has or has had cancer. **NOTE: Siblings are eligible to attend whether or not the child with cancer attends Special Days.**

**Investigators Day Camp Program** is designed for children ages 5-6 who are not ready yet for a residential summer camp program. Campers may attend for one, two or three days of the program.

### **WINTER PROGRAMS:**

**Winter Camp** is a Friday-Sunday weekend reunion for both Special Days and Partners campers. Applications for winter camp will be available in the fall of 2011.

## **DIRECTORS**

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Executive Director	Jim Carey
Camp Director	Tammy Willis
Associate Camp Director	Pamela Royer Pusateri
Program Director	Maggie Attiyeh
Health Director	C. Lynne Royer, R.N., M.S.N.

## **OFFICE ADDRESS/PHONE**

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Special Days Camps  
PO Box 436  
Dimondale, MI 48821  
866-448-4710 (toll free)  
Fax: 517-345-7003  
E-mail: [tammy.willis@gmail.com](mailto:tammy.willis@gmail.com)

## **CAMP ADDRESS/PHONE**

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Please use from **August 1– August 14, 2010:**  
Special Days Camps  
YMCA Camp Pandalouan  
1243 E. Fruitvale Rd.  
Montague, MI 49437  
866-448-4710

## CALENDAR

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<b>Partners Camp</b>	<b>Sunday, Aug. 1 – Sunday, Aug. 8, 2010</b>
<b>Special Days Camp</b>	<b>Sunday, Aug. 8 – Saturday, August 14, 2009</b>
<b>Investigators Day Camp</b>	<b>Aug 10 – 12th, from 9 am – 4pm</b>

### CHECK-IN / CHECK OUT

#### Partners Camp

Check –in:	Sunday, Aug. 1	10:00 a.m.- Noon
Checkout:	Sunday, Aug. 8	10:00 a.m.-Closing Ceremonies 11:00 a.m. (approximately) Checkout begins immediately <i>following</i> closing ceremonies.

#### Special Days Camp

Check-in:	Sunday, Aug. 8	11:00 – 12:00 p.m. (approximately) Check-in begins immediately following closing ceremonies for Partners Camp
Checkout:	Saturday, Aug. 14	10:00 a.m.-Closing Ceremonies 11:00 a.m. (approximately)-Checkout begins immediately <i>following</i> closing ceremonies.

**It is important that each camper go through all the check-in/checkout areas, especially the medical center- even if the camper is not on any medication.**

## HOW TO REGISTER

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Enclosed you will find all forms necessary to register your child for summer camp. A COMPLETE and LEGIBLE application and medical form must be received for each camper **prior to arrival at camp**, preferably no later than July 22, 2010. Bed space at camp is limited and is filled as applications are received, please send in forms as soon as possible and allow at least one week for mailing. Completely fill out both sides of all forms:

- 2010 Summer Camp Application** (to be filled out by a parent/guardian)
- Medical History Form** (to be filled out by a parent and signed by a physician if required)
- Camper Information Form** (to be filled out by the camper)

*If a form is received with any information or signature missing, it will be returned with the confirmation letter for completion.*

**Send completed forms and your fee / donation to our office address:**

**SPECIAL DAYS CAMPS – Summer Camp  
P.O. Box 436  
Dimondale, MI 48821**

You will receive confirmation **by either e-mail or mail** that a space has been reserved for your child. **Bed space may not be available for late registrants or campers not registered prior to check-in.**

## MEDICAL CARE AT CAMP

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### *Staffing & Facilities*

At all times, a physician and nurses are in attendance. Prior to camp, our health staff will review your camper's medical forms. At camp, the campers will receive a brief exam. Routine medical call is handled as needed 24 hours a day. There is room in the medical facilities for short-term medical observation so a child need not be sent home for minor discomforts. Medical equipment present at the medical center includes emergency medications, antibiotics, intravenous infusion materials and a small laboratory with a refrigerator and microscope. X-ray facilities are available at nearby hospitals in Muskegon. We are ready to handle most straightforward medical problems such as lacerations, ear infections, sore throats, gastrointestinal upsets, sprains, etc. The special needs of children on chemotherapy are always kept in mind.

### *Serious Illness*

If a serious medical problem arises, we will not hesitate to contact you and your child's doctor. We will arrange for safe transportation to either the nearby local hospital or the hospital where you usually receive medical care, as circumstances warrant.

### *Chicken Pox*

For a child whose immune system is weakened, chicken pox can have very serious consequences. For the safety of your child and other children at camp, if your child is currently receiving chemo or has been off chemo for less than one year (1), we **MUST** have documented results of a chicken pox titer. Documented cases of chicken pox are not sufficient. (See Medical History form)

### *Medications*

The camp physician and/or a nurse will supervise or administer all of the medications your child requires while at camp. Please supply any and all routine medications needed, including any supplies required for Hickman or broviac care. Bring these medications to camp with your camper and check them in with the medical staff. Please have your child's clinic write a short note to the dose and method of administration. **No medications are allowed in the sleeping quarters**, including vitamins, aspirin, cough syrup etc. At the end of your child's stay at camp we will send a short note home regarding all medical care and any medications your child received during camp.

### *Questions about Medical Care?*

If you have any further questions, please feel free to contact: C. Lynne Royer, RN, MSN (317) 355-3043, SPECIAL DAYS CAMPS' Health Director/ Nurse Practitioner.

**CONSENT FOR CAMP ATTENDANCE**

In consideration of YMCA Camp Pentalouan and Special days Camps I grant permission to let my child attend camp on the property of YMCA Camp Pentalouan, I agree to the following:

- 1. I hereby give my child permission to attend SPECIAL DAYS Camps at YMCA Camp Pentalouan.
2. I release YMCA Camp Pentalouan, and Special Days Camps, their officers, agents, employees, and volunteer staff from any liability and injuries my child may receive as a result of receiving professional medical care from doctors or nurses furnished by the organization called SPECIAL DAYS Camps.

**MULTIPLE ACTIVITY RELEASE**

I hereby give permission to my child to participate in all activities at SPECIAL DAYS Camps. I release YMCA Camp Pentalouan and SPECIAL DAYS Camps from any and all liability which may result from these activities. Please list here any activities you DO NOT want your child to participate in:

**OFF-SITE ACTIVITY RELEASE**

I hereby release YMCA Camp Pentalouan and SPECIAL DAYS Camps, their officers, agents, employees, and volunteer staff from any liability for injuries my child may receive as a result of participation in an off-site activity as part of camp activities which may include but is not limited to: camping, boating, an amusement park, visiting a city, a major or minor league baseball game, roller-skating, bowling, airplane ride, etc.

**IMAGE RELEASE**

I hereby give SPECIAL DAYS Camps the absolute right and permission to copyright, publish, and / or resell image likenesses of my child, in which he / she may be included in whole or in part, for any lawful purpose whatsoever including internet publishing. I hereby waive any right that I may have to inspect and / or approve the finished product or the use to which it may be applied.

I hereby release, discharge and agree to save same from any liability by virtue of any blurring, distortion, alteration, optical illusion or in any composite form, whether intentional or otherwise, that may occur or be produced in the taking of such picture or in any processing tending towards the completion of the finished product.

**CONSENT FOR BUS TRANSPORTATION**

I hereby give permission for Special Days Camps to transport my child, by bus if I have signed them up for this service. I release Special Days Camps and any contracted transportation companies from any and all liability which may result from this.

**CAMPER RELEASE TO NON PARENT OR GUARDIAN**

NOTE: If someone other than a parent or guardian will be picking up or dropping off your child at camp, this section must be completed or we cannot release your child. I hereby give permission to \_\_\_\_\_ to pick up or drop off my child from camp at check-in or checkout. (Circle choices that apply.)

THIS SECTION MUST BE COMPLETED FOR ALL CAMPERS
Parents may cross out any of the above sections for which they DO NOT give permission.

Camper Name

Printed name of parent/guardian Relationship to camper

Signature of parent/guardian Date

Cut along dotted line

SPECIAL DAYS Camps CAMPER INFORMATION
(to be completed by the camper )

Dear Camper,
This form will be given to your cabin leader to help him/her get to know you better. Thanks for filling it out!

Please print your name

Do you have a nickname you'd like to be called?

How old are you? What grade will you be in this fall?

Are you a girl or a boy?

What school do you attend?

What are your favorite subjects in school?

Have you ever been to SPECIAL DAYS Camps before? If so, when?

Have you ever been to another overnight camp?

When?

What was the camp's name?

Would you like to go for a horseback ride at camp?

Be sure to fill out the other side:

**SPECIAL DAYS CAMPS: 2010 Summer Camp Application**

**Please check one:**

**Special Days Summer Camper**

**Investigators Day Camp**

**Partner Summer Camper**

What would you like to do most at camp? \_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

What are your favorite sports teams? \_\_\_\_\_

Do you like to play board games? If so, which ones? \_\_\_\_\_

Do you like to play card games? If so, which ones? \_\_\_\_\_

What kind of crafts do you like to do? \_\_\_\_\_

Do you mostly hang around with kids that are older, younger or the same age as you? \_\_\_\_\_

Is there someone (counselor or camper) that you would like to be in a cabin with? (NO GUARANTEES!!!) Please list only one person: \_\_\_\_\_

*Thanks again for helping us get to know you, see you at camp!*

Cut along dotted line

Cut along dotted line

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at Camp \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Parent e-Mail address – this will be used to send confirmation materials. If no e-Mail address is available then materials will be mailed.

Please list the phone numbers where a parent/guardian may be reached **during camp**.

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(AC) Home Phone - mother (AC) Work Phone - mother (AC) Cell Phone- mother

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(AC) Home Phone - father (AC) Work Phone - father (AC) Cell Phone- father

Check camper T-shirt size:

- Youth Medium (10-12)     Adult Small     Adult Large
- Youth Large (14-16)     Adult Medium     Adult XL

**Camp Fees: PLEASE CHECK BOXES THAT APPLY**

- \$75 camp fee enclosed     Camp bank deposit enclosed \$ \_\_\_\_\_
- \$75 camp fee will be paid at a later date
- A Partial Scholarship is needed, we are able to contribute \$ \_\_\_\_\_
- A Full Scholarship is needed, we are unable to contribute at this time
- An additional donation of \$ \_\_\_\_\_ is enclosed (all amounts are greatly appreciated and are tax deductible-the cost to SPECIAL DAYS CAMPS is \$700/camper.)**

\$ \_\_\_\_\_ **TOTAL** (please make check or money order made payable to Special Days Camps)

**Special Days Camps accepts Master Card and Visa. If you would like to pay by this method, please complete the information below.**

Visa    Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Master Card    Print Name \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE RESERVE A SEAT ON THE BUS FOR MY CHILD. FURTHER INFORMATION REGARDING DROP OFF & PICK UP TIMES WILL BE SENT IN THE CONFIRMATION LETTER.**

INVESTIGATOR CAMPERS: Please circle the dates you plan to attend

Tues. Aug 10<sup>th</sup>

Wed. Aug 11<sup>th</sup>

Thurs. Aug 12<sup>th</sup>

Mail all forms to: Special Days Camps PO Box 436 Dimondale, MI 48821

**Important!! Be sure to fill out the other side:** ☞

## SPECIAL DAYS CAMPS MEDICAL HISTORY FORM

Please check one: *Special Days Camper*\* \_\_\_\_\_ *Partner Camper* \_\_\_\_\_ (disregard \* items)

Print or type CAMPER NAME		Date of Birth	Age at Camp	Gender	Grade	Current Height & Weight
Name of Custodial Parent(s) or Legal Guardian(s)				(Area Code) Home Phone		
Home address (Number and street, or P.O. Box)				(Area Code) Work Phone		
City, State and Zip Code		County		Best time and place to call		
Name of Primary Physician or * <i>Cancer Physician</i>				(Area Code) Office Phone		
Address (number and street) City, State Zip Code				(Area Code) Emergency Phone		
* <i>Name of Primary Nurse or Nurse Practitioner</i>				(Area Code) Phone		
* <i>Name of camper's hospital</i>		* <i>Camper's diagnosis</i>		* <i>Date of Diagnosis</i>		
* <i>Is camper currently on therapy? YES NO</i> * <i>Date (month/year) therapy completed:</i>						
* <i>Camper's Physician's Signature</i>				<i>(indicates approval for participation in camp required for children with cancer and first time campers)</i>		

### EMERGENCY CONTACT

Name	Relationship to camper	(Area Code) Home Phone	(Area Code) Work Phone
Name	Relationship to camper	(Area Code) Home Phone	(Area Code) Work Phone

### HISTORY

Allergies (drugs, food, bee stings, etc.)		Dietary restrictions	
If female, has child started her menstrual cycle? YES NO		Other medical issues (asthma, hay fever, seizures, ADHD, surgeries)	
Is your child receiving treatment for any of the above? Please describe. (Include any medications on back of this form.)			
Any physical disabilities (amputee, blind etc.)?		Does your child have any special equipment (prosthesis, walker, etc.)?	
Any restrictions or limitations of activities (no swimming, no prolonged exposure to sunlight, no contact sports, etc.)?			
Is your child currently experiencing emotional or behavioral issues? Is there anything we should know to make his/ her adjustment easier?			
Please describe any unusual bedtime or sleep habits (sleepwalking, nightmares, use of a night light).			
Does your child have an infectious disease? YES NO		Does your child normally wet the bed? (This is not uncommon in an unfamiliar setting) YES NO	
NOTE: IMMUNIZATION INFORMATION IS REQUIRED BY THE STATE OF MICHIGAN Date of last tetanus immunization _____ month/year      OR      within 0-5 years      5-10 years      10+ years      (circle one)			
* <i>If your child has been off chemo for more than 5 years, you do not need to receive a CBC prior to camp.</i>			
* <i>Date of most recent blood count AT TIME OF APPLICATION:</i> _____			
* <i>Hgb</i>	* <i>Hct</i>	* <i>Platelets</i>	* <i>WBC</i>
* <i>AGC/APC/ANC</i>			

OVER

## INSURANCE INFORMATION

Name of Insurance Company	Name of policy holder	Policy/Group Number
Phone number for claims information	Special instructions for coverage	

## MEDICATIONS AT CAMP

Please list all ORAL medicines which will be needed at camp			
	DRUG NAME	DOSE	FREQUENCY/TIME
<i>Chemo Agents</i>			
Other Oral Meds			
Please list all INJECTABLE medicines which will be needed at camp			
	DRUG NAME	DOSE	FREQUENCY/TIME
<i>Chemo Agents</i>			
Other Injectable Meds			

## MEDICATIONS RECEIVED PRIOR TO CAMP

	DRUG NAME	DOSE	FREQUENCY/TIME
<i>Chemo Agents</i>			
Other Agents			

Please indicate any special ways to give medications (crush with applesauce, after counting to three. . .)	
<i>Please include information about prevention of nausea, vomiting, and pain management if applicable.</i>	
Does your child have a central line or port (Hickman, Broviac)?    YES    NO	
Is there anything else you would like us to know?	

## CONSENT FOR MEDICAL TREATMENT

The undersigned parent/guardian hereby authorizes the medical/nursing staff of SPECIAL DAYS CAMPS to consent to emergency medical or surgical treatment of the camper and to routine, non-surgical medical care, and to administer routine and other medication for his/her child.

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Signature Printed Name Date