

Camp Starlight 2019

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

Welcome to Camp Starlight! We are happy that you have chosen Camp Starlight for your child's summer camp experience. Please read the following information carefully and make sure to mail all forms to the Michigan Dyslexia Institute. Incomplete registrations will *not* be processed.

What you can expect for your child at Camp Starlight:

- A safe, inviting and open community atmosphere for all campers.
- Highly trained and qualified staff dedicated to being professional positive role models working with your children.
- Skills to build confidence and increase their ability to self-advocate.
- Help help foster friendships between your child and other campers.
- Highly engaging and informative interactive activities that expand their understanding and acceptance of being dyslexic.
- Traditional camp programs such as swimming, arts and crafts, campfires, rock climbing, cookouts, canoeing, fishing, hiking, archery, horseback riding and more!

The following forms need to be completed:

- Registration Form
- Health History Form
- Behavioral Policies Form
- Camper Release Form
- Participant Waiver Form
- Camper Pick Up Form
- USDA Form

Please mail all completed forms to:

Michigan Dyslexia Institute 532 E.
Shiawassee Street Lansing, MI
48912

OR - E-mail to: ablankenship@lansing.dyslexia.net

If you need help filling out any of the registration, or have questions, please contact our office.

517-485-4000
info@lansing.dyslexia.net

Please continue to the next page

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Registration Form

Child's Name: _____

Parents' Names: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

E-mail Address: _____

Birth Date: _____ Age at the time of camp: _____ Grade in September, 2018: _____

T-Shirt Size (based on adult sizes): _____

Is your child currently receiving instruction from the Michigan Dyslexia Institute?

Yes ___ No ___ If yes, which center? _____

Has he or she received instruction from MDI in the past?

Yes ___ No ___ If yes, which center? _____

Will sibling or friend be attending?

Yes ___ No ___ If yes, name of camper? _____

Please answer the following questions about your child to help the Camp Director and the counselors provide your child with the best camp experience possible. This information will be kept *confidential* between the cabin counselors and the camp director.

1. Has your child been tested for dyslexia? Does your child have either Attention Deficit Hyperactive Disorder (ADHD) or Attention Deficit Disorder (ADD)?

Please continue to the next page

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HEALTH HISTORY FORM

This should be filled in by parents/guardian of minors

Dates Attending _____

Name _____ Birth Date _____

Age _____ Home Address _____

City _____ State _____ Zip _____

Gender: Male Female

Custodial Parent/Guardian _____

Phone _____ Home Address (if different from above) _____

City _____ State _____ Zip _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

Second parent or guardian or emergency contact

Name _____ Phone _____

Address _____ City _____ State _____

Zip _____

If not available in an emergency notify:

Name _____ Relationship _____

Phone _____ Address _____

City _____ State _____ Zip _____

Insurance Information: (Please provide a copy of your insurance card)

Is the participant covered by family medical/hospital insurance? Yes ___ No ___

If so, indicate carrier or plan name _____ Group # _____

Carrier _____ Address _____

Name of Insured _____ Relationship to Participant _____

Policy Holder Insurance ID Number _____

Important - This box must be complete for attendance

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the camp director or designated staff member to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or designated staff member to secure and administer treatment, including hospitalization, for the person named above. My child and I have reviewed and agree to the camper Behavior Policy found on page 8 of the Mystic Lake Camp Parent Handbook.

Signature of parent or guardian or adult camper/staff _____

Witness _____ Date _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of minor or adult camper/staff _____

Date _____ This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Session Dates

Name

The following information must be filled in by the parent/guardian. The intent of this information is to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival to camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES-LIST ALL KNOWN:

DESCRIBE REACTION AND MANAGEMENT OF REACTION:

Medication allergies (list)

Food allergies (list)

Other allergies (list)

MEDICATIONS BEING TAKEN

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant may not take during the summer:

DIETARY RESTRICTIONS THE FOLLOWING RESTRICTIONS APPLY TO THIS INDIVIDUAL:

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

Use this space to provide any additional information about campers behavior, physical, emotional, or mental health conditions the camp should be aware of.

Before your child comes to camp, please take a moment to check him/her for head lice. This parasite is can easily be spread to other children and can pose a real problem at camp.

Name of family physician _____ Phone _____
Address _____ Name of family dentist/orthodontist _____
Phone _____ Address _____ Date of last physical _____

My child is physically and emotionally able to participate in all camp activities without limitation: Yes ___ No ___
If "no," please explain activity restrictions: _____

SPECIAL NEEDS

Does your child have special needs? If yes, what advice can you provide us with in handling your child's special needs?

Please be specific: _____

PARENTAL TIPS

What method of working with your child gets the best results from you at home?

What should the camp counselor know about your child in working with him/her this summer?

AUTHORIZATION TO RELEASE

Names of persons other than parent to whom child may be released:

1. _____ 3. _____
2. _____ 4. _____

Signature of parent or guardian _____ Date _____

TRANSPORTATION/FIELD TRIPS

I hereby give my permission to Mystic Lake Camp for my child to be transported in a vehicle and/or participate in field trips and for visits to the doctor office, urgent care or emergency room for care.

Signature of parent or guardian _____ Date _____

MYSTIC LAKE YMCA CAMP STORE ACCOUNT FORM

Participant Name: _____ Session(s): _____

The Mystic Lake Camp Store is open to your camper at various times during the camp session. The store contains items such as: t-shirts, hoodies and sweatpants, water bottles, snacks, and souvenirs.

To avoid problems, all money is kept in the campers' store accounts during their stay at Mystic Lake Camp. As your child purchases items, the amount is deducted from the total. We suggest depositing at least \$40 for each week your child is at camp.

COMMONLY PURCHASED ITEMS:

Camp T-shirt: \$12 Camp Sweatshirt: \$35 Water Bottle: \$12 Snacks/Beverages: \$1-\$2 Zip-Up sweatshirts: \$40
Drinks: \$1 or \$2

STORE ACCOUNT SETUP

I would like to deposit \$ _____ into my camper's store account.

Payment Options (Please select one):

I would like to pay with a credit card (**preferred option**). Credit cards will be charged at the end of your camper's session and will only be charged the amount he or she has spent, up to the amount designated.

I would like to use the same card on file, which I have made a previous payment to at the YMCA.

Branch of YMCA: _____

Card Type: _____ Card #: _____ Expiration Date: _____ 3 digits on back: _____

I would like to use a different credit card. Please have the store manager call me before my camper's session at the following number: _____ I have enclosed a check CK# _____

Parent Signature: _____

If there is a remaining balance at the conclusion of my child's stay at Mystic Lake Camp, I would like it to be donated to the Mystic Lake YMCA Camp Annual Giving Campaign.

My child will be returning to camp later this year, and I would like to transfer any remaining funds in their store account to the next session.

Parent Signature: _____

I would like any remaining balance to be refunded to the following address:

Name on check: _____

Street Address: _____

City, State, Zip: _____

Please Note: Payment for the Camp Store at YMCA Mystic Lake is *separate* from the payment for Camp Starlight.

DO NOT include Camp Store money with Camp Starlight registration fee.

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Camp Starlight Participant Waiver

Camper's Name: _____

Check Yes or No for Each Statement

yes no I certify that the my child is capable of such an experience. I agree to pay the balance of the camp fees 15 days prior to the start of the session (Mystic Lake YMCA Camp cannot hold reservations past that date without full payment). Camp fees are non-refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by the camp director. The deposit is non-refundable.

yes no I grant permission for my child to participate in all planned camp activities, including but not limited to: horseback riding, canoeing, archery, riflery, fishing, out of camp trips by van or bus, participation in the high ropes course, climbing tower, giant swing, tree climbing, low ropes course, and aquatic activities. I understand that all activities will be supervised by trained/certified staff and lifeguards, and the required safety equipment in specific activity areas will be utilized and mandatory.

Please list any activities that your child cannot participate in: _____

yes no I also authorize the YMCA and Michigan Dyslexia Institute to have and to use photographs, slides, of the person named in this application as may be needed for its public relations programs (such as, but not limited to, Facebook Page, Website, Brochure, Etc).

yes no I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after carefully reading it, of my own free will.

The YMCA and MDI is not responsible for lost or stolen items.

In consideration of my child participating as a camper of Camp Starlight at the YMCA Mystic Lake Camp, I, the undersigned agree to the following release on behalf of my minor child, myself, our heirs, representatives, executors, administrators, and assigns, I HEREBY DO RELEASE the YMCA of Lansing and Michigan Dyslexia Institute, its officers, agents, and employees, from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future, against the YMCA of Lansing on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the camp program whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of the YMCA of Lansing and Michigan Dyslexia Institute, its officers, agents, and employees.

Parent Signature

Date

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Behavioral Policies Form

Parents, please read this with your child before signing it and *be sure* to have
your child sign as well.

Camper Name _____ Dates _____

We agree that all campers will enjoy and benefit from Michigan Dyslexia Institute and YMCA's Mystic Lake Camp annual summer program if all campers follow certain basic rules. We understand the following behaviors that are not allowed and that these offenses will in the camper being sent home:

- Leaving the camp without permission.
- Having or using smoking materials, lighters, matches, illegal drugs or alcohol on camp grounds.
- Use of profane language.
- Biting, spitting, hitting other campers or staff.
- Physical or emotional abuse of another camper.

We understand engaging in any of the behaviors listed below could result in discipline that includes timeouts, loss of camp store privileges, swim and/or sports time privileges, being sent home or not being allowed back next year.

- Being at, or in the lake, at times other than scheduled times for activities.
- Provoking fights or fighting.
- Threatening others.
- Forcing others to do something they don't want to do.
- Leaving the cabin at night.
- Stealing.
- Lying to camp staff about matters that are necessary for staff to know, in order to protect the camper's rights and welfare.
- Deliberately damaging property.
- Using the phone without permission.
- Bullying.
- Failing to respect camp rules and staff.

We have read the above Behavioral Policies and understand the consequences if any of these policies are not followed.

Parent's Signature

Date

Camper's Signature

Date

Camp Starlight 2018

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp Camper Pick-Up & Release Information

Camper(s) Name(s) _____

AUTHORIZATION

(Complete & return w/camp forms)

Please print below the name of only those Persons,
including parents, authorized to pick up your camper (s):

Signature of Parent or Guardian

Date of Pickup

RELEASE

(Complete when camper is picked up)

To pick up the camper(s) your name must appear
on the Authorization list to the left! Photo ID
required at time of pick-up.

Your Signature (sign at pickup)

Date of Pickup _____

If you have questions regarding your camper's pickup call: 517.485.4000

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(Complete & return w/camp forms)

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To pick up the camper(s) your name must appear
on the Authorization list to the left! Photo ID
required at time of pick-up.

Your Signature (sign at pickup)

Date of Pickup _____

If you have questions regarding your camper's pick up call 517.485.4000

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Payment Form

Total Cost of Camp Starlight: \$500 due by June 3, 2019. Receive a \$20 reduction to \$480 if registered and paid by May 17, 2019.

This price includes the \$100 **non-refundable** deposit*

* Please note that Horseback Club and Trail Ride spots are limited and fill up quickly. Spots are available on a first come, first served basis. Please register early if you're interested. See additional cost below.

Payment:

Check
Total of \$ _____

Credit Card
Name on Card: _____
Credit Card #: _____
Exp. Date: _____
3-Digit Code: _____
Billing Address: _____

"I hereby authorize the Michigan Dyslexia Institute to charge a total of \$ _____ to the credit card above."

Signature: _____ Date: _____

Horseback Club & Horseback Riding:

Horseback Club is available only for **ages 7-11** and costs \$50 in addition to the total cost of camp. Horseback Club will be an hour each day, Monday-Thursday. A horseback trail ride is also available as an option only for **ages 12 and older**, and costs \$20 in addition to the total cost of camp. The trail ride will be an hour long on Friday during camper's regular "free swim." Please check the appropriate box below if you wish for your child to participate in one of these, and include the additional cost in your total above. Please note, both options are based on a first come basis and fill up quickly.

Horseback Club Trail Ride
ages 7-11 ages 12-15

Scholarships:

If you are interested in financial help in paying for part of the camp fee, a scholarship form is available upon request. Scholarships are based on first come, first serve basis and on need. **In order to be considered for scholarship, all forms (including all camp forms listed above) must be submitted by April 19th, 2019.**

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Drop Off Time

Sunday-June 16, 2019

Between **2:00 & 3:30 p.m.**

When to Pick Up Your Camper

Saturday-June 22, 2019

Between **9:15 and 10:00 a.m.**

Photo I.D. required to pick up your child.

(A driver's license is appropriate)

* Please be on time*

You can write to your child at camp at the following address:

Mystic Lake Camp

Attn: Camper's Name

P.O. Box 100

Lake, Michigan 48632

Or, prewrite letters and label with a post it note for which days you would like them to be delivered

Mystic Lake Camp office telephone number is (517) 827-9650.

Camp Starlight 2019

Camp Packing List

Please use this camp packing list to assist your child in packing for their week-long trip. Write your child's name on everything. The YMCA and MDI are not responsible for lost or damaged personal items. Please leave valuables at home.

Suggested Equipment

- Bag for dirty laundry
- Rub-on or pump insect repellent
- Sunscreen (SPF 15 or greater)
- Flashlight, extra batteries & bulb
- Hat with brim
- Daypack or small backpack
- Water bottle

Bedding and Toiletries

- Summer-weight sleeping bag
- Twin sheet to cover mattress
- Pillow and cover
- Pajamas
- Toothbrush & toothpaste
- Comb/brush
- Soap
- Washcloth & bath towel
- Deodorant

Suggested Clothing

- Swimsuit & towel for beach
- 6 changes of underwear
- 6 pair of socks
- 2 pair of shoes
- 3 pair shorts
- 2 pair blue jeans or pants
- Heavy sweater, sweatshirt or jacket
- 6 shirts (1 or 2 long-sleeved)
- Rain gear
- Flip flops or sandals
- Hard soled shoes or boots
- "Fancy Friday" outfit

Optional Items

- Toiletry bag (mesh)
- Camera
- Fishing pole & tackle
- Archery bow (unstrung)
- Writing & reading material
- Stamps & envelopes
- T-shirt for tie-dyeing

The following are not permitted and may be confiscated:

- Absolutely no cellular phones, personal music devices, TVs, laser pointers, video games, electronics, unapproved food items, chewing gum, fireworks, alcohol, tobacco products, illegal substances or weapons of any kind.

Laundry:

- Please pack enough items for the length of your camper's stay. Laundry facilities are generally not available to campers.

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Directions to Camp

Camp Phone: 517-827-9650

Directions from Detroit Area

Approximate travel time: 2.5 hours

- Take I-75 North
- Merge onto US 10, Exit #162B towards Midland.
- US 10 will merge into I-127 near Clare.
- Just past Clare take the US 10 West exit towards Ludington.
- Continue on US 10 West, eventually the road will change from two lanes divided to just two lanes.
- The next town will be Lake. Camp is located a little over a mile from the blinking yellow light on the left (there is a big sign on the left and side of the road).

Directions from Lansing Area

Approximate travel time: 1.75 hours

- Take I-127 North to Clare.
- Take the US 10 West exit towards Ludington just past Clare.
- Continue on US 10 West, eventually the road will change to two lanes opposite directions.
- The next town will be Lake. Camp is located a little over a mile from the blinking yellow light on the left (there is a big sign on the left and side of the road).

Directions from the North

Approximate Travel Time: 1.25 hours from Traverse City

- Take I-75 South until the I-127 South breaks off.
- Take I-127 South to US 10 West towards Ludington.
- Follow US 10 West to the Village of Lake.
- Camp is located west of Lake, on the left hand side.

Directions from Grand Rapids

Approximate Travel Time: 1.5 hours

- Take I-131 North, take exit to Reed City/US 10 and head east.
- Go through blinking light at the intersection of US 10/M66 and travel approximately 7 miles on US 10 East.
- The camp entrance will be on your right, 1 mile west of the Village of Lake. (There is a big sign on the right hand side of the road).