



Haven Camps Application - 2025

6420 Pillmore Drive
Rome, NY 13440
Phone: 315-338-9498
Fax: 315-338-0909
Email: office@havencamps.com

ALL PAGES MUST BE COMPLETED AND RETURNED AT
LEAST ONE MONTH PRIOR TO CAMP SESSION.
PLEASE FILL OUT EVERY PAGE COMPLETELY.

Applicant's name: _____

Age: _____ Gender: M / F Date of Birth: ____/____/____ T-shirt size: _____

Street Address: _____

City, State & Zip Code: _____

Camper's Home Phone: (____) _____ - _____

Primary Home Caregiver Name _____

Primary diagnosis: _____

Preferred Roommate Name (private rooms not available): _____

First time at Haven Camp? ____ yes ____ no Camper needs downstairs room? ____ yes ____ no

NOTE: **EMERGENCY PHONE NUMBERS MUST BE DIFFERENT** FROM THE HOME PHONE LISTED ABOVE.

Contact person must be available at all times during camp session to pick camper up if necessary.

Emergency contact person: _____ Phone: (____) _____

Emergency contact person: _____ Phone: (____) _____

Name of person completing registration forms: _____ Phone: _____

INVOICE SHOULD BE SENT TO WHAT EMAIL ADDRESS? _____

Picture Permission:

Pictures of campers are taken for the campers to bring home a memento of their week at camp. At times, those pictures are used for promotional use. **Please check the appropriate box and sign below.**

☐ I do give my permission ☐ I do not give my permission

Camper or Caregiver Signature: _____

OFFICE USE ONLY: Invoice sent (date) _____ Confirmation sent (date) _____

Records sent to nurse (date) _____ Spring H1 H2 H3+ H4+ Harvest Christmas



Camper's Name: _____

HAVEN CAMPS SCHEDULE - 2025

Which weeks/weekends will you be attending? Please check all the boxes that apply.

- | | | |
|---|--|--------------|
| <input type="checkbox"/> Haven 1 June 9-13 (Mon-Fri) | <input type="checkbox"/> Spring Haven | April 11-13 |
| <input type="checkbox"/> Haven 2 June 15-19 (Sun-Thu) | <input type="checkbox"/> Harvest Haven | October 3-5 |
| <input type="checkbox"/> ***Haven 3+ June 22-26 (Sun-Thu) | <input type="checkbox"/> Christmas Haven | December 5-7 |
| <input type="checkbox"/> ***Haven 4+ July 14-18 (Mon-Fri) | | |

*****Special requirements for Haven 3+ and 4+:**

1. This camp is designed for younger campers (age 45 or younger) who desire a more active lifestyle.
2. Campers need to be willing/able to sleep in a cabin that does not have a bathroom (campers use bathhouse building).
3. Campers should be independent in daily activities (bathing, bathroom support, eating, etc.) and be able to participate in active sports activities.

Please call the office at 315-338-9498 with any questions.

HAVEN CAMPS PRICE LIST - 2025

Please make checks payable to: Haven Camps, Inc. or Delta Lake, Inc.

Haven Weeks: \$650

(If you submit a registration form by May 1 for a week in June or July and are accepted as a Haven camper, the Early Bird rate is \$625.)

Haven Weekends: \$350

(If you submit a registration form by March 15 for the Spring weekend or by May 1 for the Harvest or Christmas weekend and are accepted as a Haven camper, the Early Bird rate is \$340.)

Camper's Name: _____

2025

Self-care information: Please remember to attach a copy of health insurance cards.

Please check the box which most fits the applicant's level for each area. If not independent please explain everything.

1. Eating ☐ Independent, no modifications ☐ Needs food cut ☐ Needs food ground ☐ Needs food pureed

PLEASE ATTACH EATING ASSESSMENT (or explain in detail modifications needed: i.e., size of food to be cut or foods to be avoided). HAVEN CAMP DOES NOT PROVIDE ANY ADAPTIVE EQUIPMENT (i.e., built-up handled spoons, noney cups, etc.).

EXPLAIN: _____

2. Dressing: ☐ Independent ☐ Needs verbal cues ☐ Needs physical help

EXPLAIN: _____

3. Bathing: ☐ Independent ☐ Needs verbal cues ☐ Needs physical help

EXPLAIN: _____

4. Toileting: ☐ Independent ☐ Needs verbal cues ☐ Needs physical help ☐ Wears Attends

EXPLAIN: _____

5. Walking: ☐ Independent ☐ Cane ☐ Needs a walker ☐ Needs a wheelchair

HAVEN CAMP DOES NOT PROVIDE ANY MEDICAL EQUIPMENT.

EXPLAIN: _____

6. Communication : ☐ Verbal ☐ Non-verbal ☐ Signing ☐ Foreign language

EXPLAIN: _____

7. Sleep Habits: ☐ Needs to be awakened to use the bathroom ☐ Sleeps with night light ☐ Tends to wander if awakened
☐ Disturbs roommate Usual bedtime? _____

8. Corrective Lenses: Yes_____ No_____ Hearing Aid: Yes_____ No_____ Dentures: Yes_____ No_____

Camper's Name: _____

2025

Other helpful information:

1. What does this camper like to do in his/her free time? (likes, dislikes, hobbies, etc.)

2. Has there been a history of aggressive behavior? ☐ YES ☐ NO

If yes, please explain: _____

3. Pointers to help de-escalate the situation if this camper becomes agitated:

4. Does this camper swim? ☐ YES ☐ NO

Comments: _____

5. If they pass our swim test can they go water tubing? ☐ YES ☐ NO Water skiing? ☐ YES ☐ NO

PLEASE NOTE: Return the registration form with the health information forms, & a copy of insurance cards.
Campers will not be accepted without this form.

Check boxes, sign and date (required):

☐ I verify that pages 1-4 are complete and accurate. I will bring any changes to the attention of Haven Camps office/staff prior to the camper's arrival.

☐ I have read, and I understand the refund/cancellation policy (page 7).

☐ I have reviewed the Haven Camper Criteria (page 8) and I verify that this camper meets the requirements listed.

Printed name: _____

Signature: _____

Date: _____

Haven Health History Form – 2025

PLEASE DO NOT WRITE "SEE ATTACHED." THIS FORM NEEDS TO BE COMPLETED FOR THE USE OF OUR COUNSELORS.

Camper's Name _____ DOB ____/____/____

Immunizations & Tests: Date of last tetanus vaccine _____

Recent History: Has this camper had any recent illness, injury, surgery or exposure to infectious disease? YES / NO If yes, explain _____

Does this camper have:	✓ YES	✓ NO	If yes, give specifics
Allergies			
Diabetes			
Cardiac condition			
History of seizures			
Asthma/other respiratory			
CPAP machine			
Corrective footwear			
Corrective Prosthesis			
Special Adaptive device			
Medical restrictions			
Does camper smoke?			How much per day?

Please remember to attach a copy of health insurance cards.

Please give any other information that could help the nursing staff to understand the needs of this camper while at camp:



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Required Haven Medication Orders Form - 2025

Camper's Name _____ DOB ____/____/____

All medication must be brought to camp in original container or blister packs with label. DO NOT pre-pour medication. Copies of current prescriptions will be accepted in place of MD signature when attached to this **COMPLETED FORM** (MARS do not qualify unless signed by a doctor). RN signatures are not acceptable. Please attach copies of insurance cards.

	Medication Name	Dosage	Frequency	Route	√ Times to be given at camp				
					8A	12N	4P	HS	PRN
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Haven Camp has a supply of the following over-the-counter medications.

Circle "yes" or "no" for each medication that may be given to the camper.

Ibuprofen 200 mg	As per label	For pain/fever	YES / NO
Acetaminophen 325 mg	As per label	For pain/fever	YES / NO
Maalox liquid	As per label	For stomach upset	YES / NO
Triple antibiotic ointment	As per label	For minor abrasions/lacerations	YES / NO

Physician's Signature _____

Phone (____)____ - _____

Print Physician's Name _____

Date ____/____/____



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Please do not submit this page. Keep for your files.

Refunds/Cancellation Policy

We are so excited for you to join us for Haven Camp. Your application will be reviewed in accordance with our Haven Camper Criteria (see page 8 for details), and you will be notified if we accept your registration and the dates you selected for your upcoming visit.

A \$50 non-refundable deposit is due when we confirm the dates for camp or within 60 days of your visit. Your remaining balance is due within 30 days of your camp experience. If special considerations are needed, please call our office at (315) 338-9498, or email us at office@havencamps.com.

If you cancel your visit 7 or more days prior to camp, a full refund will be given minus your \$50 deposit. If you arrive for your visit and do not meet camper criteria, no refund will be given. We will notify your emergency contact to pick you up immediately.

We look forward to vacationing with you soon!

Julie

Juliane Hillis
Haven Camp Director

HAVEN CAMPS PACKING LIST (Please label all items with camper's name)

Spending money (no credit cards)

_____ \$30/weekend, \$40/week suggested

**Please have cash available at registration
to deposit in the camper bank.**

Linens

_____ Towels, washcloths
_____ Laundry bag (plastic garbage bag)
_____ Pillow, twin sheet set, blanket
(NO SLEEPING BAGS, PLEASE)

Footwear

_____ Sneakers
_____ Walking shoes
_____ Water shoes (for campers who swim)

Personal care items

_____ Toothbrush, toothpaste, denture cup
_____ Soap, shampoo, comb
_____ Electric razor
_____ Sanitary pads/Depends

Clothing

_____ Casual clothes (6-7 full sets)
_____ Pajamas (2-3 sets)
_____ Undergarments (6 sets)
_____ Swimsuit (in summer)
_____ Optional dressy clothes for banquet

Outerwear

_____ Jacket/sweatshirt
_____ Rain gear/hat/gloves

Medications – All medications should be in their original containers. Blister packs are okay.

Drop off and pick up times:

Haven week 1: Monday drop off from 10-11am; Friday pick up no later than 11am

Haven weeks 2 & 3+: Sunday drop off from 1-2pm; Thursday pick up no later than 11am

Haven weekends: Friday drop off from 6-7pm (no dinner provided)

Sunday pick up no later than 1pm (lunch provided)

Haven Day Camp: drop off from 9-9:30am; pick up 5:30pm - no later than 6:00pm
(lunch & dinner provided)

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Camper Criteria for Haven Camps - 2025

The purpose of the Haven Camp program is to provide a safe, fun, community camp environment. In order for our program to be successful the following camper criteria must be met:

1. **AGE:** Campers must be at least 18 years of age or older.
2. **ACTIVITY LEVEL:** Campers should be able to participate at some level with our program activities and be able to follow along with our general camp schedule. We offer a wide variety of activities including crafts, music, games, dining, socializing and spending time with other campers, shopping, services where we learn about God, and other camp activities.
3. **EMOTIONS:** Campers should be able to control their emotions and provide a safe, fun, community environment for everyone. Campers who are verbally or physically aggressive with staff or peers are not eligible for camp.
4. **TOILETING:** Campers must be continent and be able to express themselves in some manner when they need to use the bathroom. We know that "accidents" can happen at camp, but campers needing full assistance in this area or who are having routine accidents during their stay will be sent home.
5. **ADL'S:** Campers must be able to care for their own personal care needs (bathing, dressing, using the bathroom, eating, etc.) with verbal prompts and or gestural cues. Physical support will be provided for fastening buttons/zippers, ensuring water temperature is regulated and diet plan is followed.
6. **AMBULATION:** Campers who use a wheelchair should be able to transfer independently into and out of a wheelchair (i.e. to a bed, using toilet, transfer to a chair, etc.), as well as navigate their wheelchair independently or with minimal assistance. At camp, the ground can be uneven and in some places rocky. We also travel a short distance to get to each location. Please be mindful of this if the camper has difficulty with ambulation or gait (i.e., if using a wheelchair, walker, cane). Campers needing a gait belt to avoid the risk of falling are not suitable for camp.
7. **CONTACTS:** Nurses and trained staff are present at all times to meet and support the needs of campers. When necessary, the medical staff or Haven Camp director will reach out to the home numbers listed and then follow through with any emergency numbers listed. Camp staff must be able to reach someone at all times, up to and including support for immediate pick up or medical support.
8. **HEALTH:** Campers should be in good physical and mental health when arriving at camp. If you have been sick or have recently been ill (within the previous 48 hours), please call to reschedule your visit.

Our counseling staff are here to guide the campers with the camp program. They are not trained nursing assistants, but instead are individuals with training to meet the campers' basic and simple needs. Our counselor to camper ratio ranges from 1:3 - 1:5. If you have any questions or would like to let us know about a special circumstance, please feel free to contact our office. Staff can be reached by phone at # 315-338-9498 or by email at office@havencamps.com.

Campers who do not meet Haven camper criteria upon arrival or at any time during their stay will be sent home immediately without refund.

We look forward to reviewing your application for Haven Camp.