



22242 Bay Shore Road | Chestertown, MD 21620-4407 USA
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Federal ID: 51-0066728

Easterseals Camp Fairlee Residential Summer Camp Procedures

Note to Campers and their families: In order to promote the safety of all campers and staff during this pandemic, Easterseals will limit attendance to those campers who are able to wear a mask and who are able to follow guidance for physical distancing. The following procedures are subject to change as we get new information about safe camping practices during the pandemic. We look forward to the time when we are able to safely serve all campers again. Thank you for your understanding.

Screening expectations:

1. Participants

- a. Participants, family members and/or caregivers are expected to monitor the participants for signs of illness prior to coming to Camp Fairlee
 - b. The following are reasons that a participant should be kept at home:
 - i. Fever or chills
 - ii. New cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue
 - v. Sore Throat
 - vi. Headache, muscle aches or body aches
 - vii. Other symptoms that are not usual for the participant, such as: nausea, vomiting, diarrhea, loss of taste and/or smell
 - viii. Participant or anyone living in the participant's home has been around someone who has tested positive for COVID19 test within the last 14 days
 - ix. Waiting on COVID19 test results
 - c. The participant should have temperature checked prior to leaving home to ensure no fever is present. A participant cannot be accepted into the program with a temperature of 99.5 or above.
2. Staff will participate in daily screening process, which include a questionnaire and temperature check.

Easterseals staff will be stationed outside the entrance to help ensure social distancing is maintained as participants disembark from buses or cars.

Once on Camp grounds:

1. Participants should arrive with a mask. If their mask is unsuitable for them to use at camp, Easterseals Camp Fairlee will provide them with a mask.
2. Participants will be asked to practice hand hygiene upon arrival, either by washing with soap/water or using hand sanitizer. Additionally, they will wash their hands settling into their cabin.
3. Participants will be escorted to their designated area for programming. Participants will be supervised by Their counselor or assisting staff member at all times.
4. Participants will be distanced at least 6 feet within all program areas and in the dining hall. Tables and chairs have been designed to this end.

5. Luggage, personal belongings, etc., will be kept separate from those of other participants.
6. Participants will remain in their designated cabin group in order to help minimize risk or exposure.
7. Personal care facilities and restrooms have been designated for each cabin group so that participants use their designated restroom/personal care room to help minimize risk of exposure. Bathrooms will be disinfected after each use by staff.

During the Summer Camp Week:

1. Participants and staff will wear face masks throughout the day. There will be opportunities for breaks from mask wearing when outside and physically distanced more than 6 feet from others.
2. Social distancing, 6 feet or more will be maintained whenever possible.
3. If social distancing cannot be maintained, all parties must be wearing a mask.
4. When social distancing cannot be maintained for reasons such as personal care, meal assistance etc., additional PPE may be utilized (acrylic shields or face shields), and social distancing and mask wearing will be re-implemented as soon as possible after interaction.
5. Participants will be encouraged to participate in activities that minimize physical interaction and exposure to others. The majority of programming will be small group and held outside as much as possible, weather dependent.
6. Some activities that are discouraged include the following:
 - a. Any activity which requires sharing equipment/materials. Campers will be provided with supplies and materials that only they will use during their week at Camp.
 - b. Any activity that requires passing something from one person to another such as a ball or paint bottle.
 - c. Physical contact, such as hugging and high-fives. Alternative gestures will be encouraged, such as: air hugs, clapping, fist pumps, signing, air-high fives, so that the positive and enthusiastic atmosphere of camp is maintained.
7. Some activities can only occur when outside with physical distancing, or when the Activity Center's gym with greater than 6 feet of physical distancing and while wearing a mask:
 - a. Singing
 - b. Dancing
 - c. Exercising
8. Participants will be assisted to washing their hands using soap and water or hand sanitizer throughout the day, but more specifically:
 - a. Upon arrival
 - b. Before and after meals
 - c. After program activities
 - d. Before leaving the programs
9. Meals will be eaten at the table where the participant is assigned:
 - a. Staff will assist each participant with hand washing with soap and water prior to eating
 - b. Camp Fairlee will not serve buffet or family style food service. Food will be served in the condition that it will be consumed, by plated.
 - c. If the participant requires assistance with eating, staff will wear a face shield along with a face mask. Gloves may be worn if needed.
 - d. Water fountains are not available but there will be bottled water available at all times.
10. Sleeping Arrangements
 - a. Participants and staff will have assigned beds with more than a six feet distance between each bed, sleeping head to toe in configuration. Additionally, occupancy of the cabins will be significantly reduced.
 - b. Each bed will be labeled with the participant's name

- c. There will assigned shower and oral care/tooth brushing times to limit the number of people in the bathroom. Staff will assist campers and monitor the schedule.
- d. Cabin air ventilation will be controlled and monitored throughout the weekend. Filters will be changed routinely on a scheduled basis. HEPA filters are used in each cabin.
- e. Bed frames and mattresses will be disinfected prior to and after the weekend event.
- f. Participant's personal belongings will be kept at least a 6 foot distance from other participants.

At the end of the Summer Camp Experience:

1. Participants will remain with their assigned group until their transportation has arrived.
2. Participants will disinfect their hands prior to leaving
3. Staff will assist participants with the exit process to ensure social distancing is maintained.
4. Staff will assist participants with luggage and personal belongings.

Enhanced Cleaning Protocols:

1. Easterseals has enhanced our disinfecting protocols in response to the pandemic.
2. Daily wipe downs of all areas will be completed. Frequent cleaning of high touch surfaces such table tops, under the table, chairs, including armrests, light switches, door knobs and other frequently touch surfaces are thoroughly cleaned.
3. Additionally, staff will be responsible for cleaning the restrooms after each use.
4. Easterseals has purchased disinfectant sprayers which will be used throughout all camp facilities prior to and after each respite weekend.



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Registration Check List Instructions

To ensure a successful registration process please make sure you have completed all sections. Everything with **RED HEADERS** is required for processing/acceptance. The application will **NOT** be processed until it is completed in its entirety. Thank you.

- Participant Information
- Emergency Contacts
- Choose Sessions and Dates
- Payment Information
- Waiver and Release signed and dated
- Participant Health Information
- Program Information
- Additional Information
- Letter of Intent (if agency is paying)

Please mail back entire application book intact. DO NOT TAKE APART. Thank you.



Before sending the registration form, please ensure you have included the following:

- Page 1-8 completed (application will not be processed until all parts are completed)
 - Signed Waiver and Release (page 4)
 - \$100 deposit to process the registration

Participant Information (Please print clearly or type)			
First Name:	Last Name:	<input type="checkbox"/> New Participant	<input type="checkbox"/> Returning Participant
Physical Address:			
City:	State:	Zip:	County:
Mailing Address: (if different than above)			
City:	State:	Zip:	County:
Birthdate:	Age:		
Male/Female:	Height:	Weight:	
Ethnic Origin: (optional - please check one) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other			
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Care Provider <input type="checkbox"/> Case Manger Information (Please check one)			
Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	
E-Mail:			
Best form of contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail		Are you in or have served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about us? <input type="checkbox"/> Print ad <input type="checkbox"/> Internet <input type="checkbox"/> Resource Fair <input type="checkbox"/> Social Media <input type="checkbox"/> Friend <input type="checkbox"/> Past Camper			
Emergency Contacts (Please provide all three)			
Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	
Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	
Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	

Referral Information

Name of Teacher/Caseworker/Coordinator: _____

Agency: _____

Address: _____

Phone: _____

Payment Information and Options (MUST be completed and signed. Please check all that apply)

- Choice 1: Full Payment enclosed
 Choice 2: \$100 deposit enclosed (for each session choice)
 Choice 3: Paying by credit card (Visa/MasterCard/Discover/American Express-Please call with card information.)
 Choice 4: Paying balance monthly
 Choice 5: Autism Waiver (A copy of your Plan of Care must be submitted to Camp with number of hours needed.)

Amount Enclosed: \$ _____ Balance left to be paid: \$ _____

Name of Individual responsible for payments/balance: _____

E-Mail of Individual responsible for payments/balance: _____

Signature of individual responsible for payments/balance: _____

If a funding source is paying your deposit and/or balance, a completed **LETTER OF INTENT** must be completed and on file

Choice 6: Balance to be paid by an agency or organization. \$ _____

Choice 7: Deposit and balance to be paid by an agency or organization. \$ _____

Please complete the information below for Option 6 and 7.

Agency/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Name: _____ Contacts E-Mail: _____

Waiver and Release (MUST have a signature in order to process the application)

This document must be signed by either the participant and or the parent or legal guardian if applicable. All references to the participant include the parent or legal guardian.

As a condition of participation in the summer camp program, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted, including swimming, challenge course, and waterfront. Participant acknowledges that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program. Participant assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easterseals Delaware Maryland's Eastern Shore, Inc., nor any of its representatives shall be held responsible for any damages or injuries resulting to the participant in the program. In the event the program staff determines that the participant cannot meet the program eligibility requirements, the participant may be dismissed. Supervision and transportation resulting from dismissal of such participant are the responsibility of the participant.

Participant understands that Easterseals and its representatives are not responsible for loss or damage to the personal property and possessions of the participant. **Participant** is liable for any damage to the property of Easterseals resulting from the acts of the participant.

Participant consents to the use of any film/photographs/video taken during the program, whether for advertising, social media, promotion, and/or publicity purposes by Easterseals unless otherwise indicated in writing prior to the program. The participant waives all claims of compensation for such use.

Permission is granted for participant to attend all program field trips. Participant acknowledges that transportation may be provided for program-related purposes in a vehicle provided by Easterseals and its representatives. It is the participant's responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Participant represents that all of the information provided in this application, including the health forms, is true and correct and that Easterseals and its representatives have full right and authority to rely on the information contained therein. Participant further recognizes that Easterseals and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

I have read and fully understand the program details, waiver, and release.

Signature of Parent/Guardian _____ **Date:** _____

Signature of Participant (if over 18 years of age): _____ **Date:** _____

2021 Summer Camp Dates

Sessions are organized according to age.

Please check the session or sessions the participant wishes to attend.

Summer Camp Session

June 27 - July 8, 2021(12 Day)

1st Choice 2nd Choice 3rd Choice

County Fair & Hollywood Weeks

\$2550(3:1+) \$4950(1:1)
MD Autism Waiver (165hrs)

July 11 - July 16, 2021(6 Day)

1st Choice 2nd Choice 3rd Choice

Crazy Critters Week

\$1550(3:1+) \$2550(1:1)
MD Autism Waiver (82hrs)

July 18 - July 23, 2021(6 Day)

1st Choice 2nd Choice 3rd Choice

Fairlee Olympics

\$1550(3:1+) \$2550(1:1)
MD Autism Waiver (82hrs)

July 25 - August 5, 2021(12 Day)

1st Choice 2nd Choice 3rd Choice

Cartoon Capers & Cirque Du Fairlee

\$2550(3:1+) \$4950(1:1)
MD Autism Waiver (165hrs)

August 8 - August 13, 2021(6 Day)

1st Choice 2nd Choice 3rd Choice

Under the Sea

\$1550(3:1+) \$2550(1:1)
MD Autism Waiver (82hrs)

August 15 - August 26, 2021(12 Day)

1st Choice 2nd Choice 3rd Choice

Rock Week & Halloween

\$2550(3:1+) \$4950(1:1)
MD Autism Waiver (165hrs)

PARTICIPANT INFORMATION

Participant Information (Please print clearly or type)

Name:	Last Name:	Nickname:
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Disability Information (Please check the primary and underline all the apply)

<input type="checkbox"/> Speech-language <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Breathing treatment <input type="checkbox"/> Peripheral Nerve Injury/Disorder <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Central Nervous System Injury/Disorder <input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Head Injury <input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Neurological Condition(s) at Birth <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Spinal Bifida <input type="checkbox"/> Social/Psychological <input type="checkbox"/> Autism <input type="checkbox"/> Behavior <input type="checkbox"/> Alcohol/Drug Disorders <input type="checkbox"/> Psychosis <input type="checkbox"/> Learning/Developmental Delay <input type="checkbox"/> Intellectual Disability Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/Profound	<input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Orthopedic Impairments at Birth <input type="checkbox"/> Postural Disorders <input type="checkbox"/> Heart, Circulatory, Respiratory <input type="checkbox"/> Asthma <input type="checkbox"/> Skin and Cellular Tissue Disorder <input type="checkbox"/> Allergic/Metabolic/Nutritional <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> PICA <input type="checkbox"/> Other Disabilities (please list) _____
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General Background (Please check at that apply)

Communication <input type="checkbox"/> Speaks Clearly <input type="checkbox"/> Uses Sign Language <input type="checkbox"/> Speaks, but may be difficult to understand <input type="checkbox"/> Uses communication board or iPad <input type="checkbox"/> Gestures <input type="checkbox"/> Other: _____ Language Spoken/Understood: _____	Vision <input type="checkbox"/> Normal <input type="checkbox"/> Mild/moderate loss <input type="checkbox"/> Severe/total loss <input type="checkbox"/> Wears corrective lens Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Mild/moderate loss <input type="checkbox"/> Severe/total loss <input type="checkbox"/> Wears hearing aids Sleeping <input type="checkbox"/> Bed Rails <input type="checkbox"/> Uses cpap machine	Mobility <input type="checkbox"/> Walks independent entirely <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Walks wit cane/crutches/walker <input type="checkbox"/> Walking ability affected, but walks independently <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Uses AFO's
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Personal Care (Please check all that apply and provide a complete description if participant requires assistance)

Task	Independent	Requires Some Assistance	Requiries TOTAL Assistance	Description of Assistance Needed
Dressing				
Showering				
Toileting				
Teeth Brushing				
Shaving				
Menstruation				
Transferring				

Bladder control Normal Has accidents Incontinent Wets bed
Bowel control Normal Has accidents Incontinent Colostomy
Aids used (check all that apply) Diapers Bedpan Urinal Toilet chair
Eating Assistance No assistance Partial assistance Total assistance Can feed self finger foods G Tube Uses straw
 What adaptive devices are used for eating? (must be sent to camp) _____

 Does participant have difficulties swallowing? Solids Liquids
 Does participant have any known food allergies or problems with foods? _____

ADDITIONAL INFORMATION

Has the participant previously attended a residential camp? Yes No

If yes please answer the following questions:

Which camp(s): _____

Was it a positive experience? Yes No

If no, please explain: _____

Does the participant follow direction? Yes No Occasionally

If no or occasionally, please explain: _____

Does the participant have any behaviors of which the staff need to be aware of? Yes No

If yes, please explain: _____

Are there key actions, words, or phrases used to stop behavior and redirect? Yes No

If yes, please explain: _____

Is a behavior management plan currently being used with participant? Yes No

If yes, please send a copy with the application. Easterseals prohibits most restrictive behavior intervention techniques. Acceptance will be based on our ability to follow plans within agency policies.

Does the participant sleep through the night? Yes No

Does the participant get up and move about in the middle of the night? (go to the bathroom, drink a water) Yes No

If yes, please explain: _____

Please list any strong fear the participant may have: _____

Please list any activities the participant especially dislikes: _____

Please list any activities the participant especially enjoys: _____

Please use this space for any other information you feel would be helpful in providing the best experience for the Participant:

2021 Schedule and Descriptions

This is yours to keep

June 27-July 8, 2021: (12 days) County Fair Week: (Youth/Adult) Come kick off the summer season with Camp Fairlee with a week filled with fun, music, laughter, and games. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides and much more.

Hollywood Week: (Youth/Adult) Join us for a glamorous week of Hollywood magic. Where everybody is a star. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

July 11-16, 2021: (6 days) Crazy Critters Week: (Youth/Adult) Meet and explore the lives of the crazy critters that live around camp. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

July 18-23, 2021: (6 days) Fairlee Olympics Fairlee Week: (Youth/Adult) Come ready to play in a week of friendly and exciting competition. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

July 25- August 5, 2021: (12 days) Cartoon Capers Week: Come enjoy a fun-filled week of animated antics featuring your favorite characters at Camp Fairlee. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

Cirque du Fairlee Week: (Youth/Adult) You'll flip over this week of fill with magic, fantasy, and fun. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

August 8-13, 2021: (6 days) Under the Sea Week: Get ready for a week of underwater adventure while we explore life under the sea. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

August 15-26, 2021: (12 days) Rock Week: (Youth/Adult) Join Camp Fairlee for a rockin' week filled with music, games, and crafts. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

Halloween: Things are getting spooky at Camp Fairlee. We invite you to join us for a week of Halloween fun along with camp favorites. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, campfires, hayrides, and much more.

Ratio Descriptions

1:1 Ratio

This ratio applies to participants who needs constant supervision and individual assistance, such as:

- Verbal prompts
- Reminders, gestures, schedules
- Hand-over-hand assistance during their daily schedule meals and morning/night routines
- Participants can be ambulatory or use a wheelchair
- They may bear weight or need full assistance from the staff, such as a 1/2/3 person transfer or Hoyer lift.
- Total assistance with bathing, toileting, and brushing teeth
- Poor balance

This also applies to a participant that has a history or current history of disruptive behaviors:

- Elopement
- Non-compliance
- Inappropriate behavior
- Sleeping issues or any other behavior that could be considered disruptive to self or others.
- Participants who do not attend planned camp activities on a regular basis.

This ratio also applies to participants who require hourly health services:

- such as tube feedings
- overnight tube feedings or other health treatments that must be given by nurse periodically through the day.

3:1 + Ratio

This ratio applies to participants who are typically independent or need minimal assistance from staff such as:

- verbal prompts
- reminders, or gestures during their daily camp schedule
- Participants must and ambulatory and/or use a wheelchair
- must be able to transfer independently or with minimal assistance
- Participants must also follow directions from their assigned staff on a regular basis.
- They must participate in activities on a regular basis with no disruptive behaviors.
- No assistance with bathing, toileting, and brushing teeth.