



# SUMMER CAMP

## FOR KIDS WITH SPECIAL NEEDS

The Ingeborg A. Biondo Memorial Foundation

The Ingeborg A. Biondo Memorial Foundation is a not for profit organization devoted to providing assistance to challenged individuals in the tristate area. The Foundation was created in 1986 as a memorial to Ingeborg A. Biondo who was actively involved in the lives of young children, particularly those in need. The Foundation provides summer camperships through local camps in the tristate area. These programs provide a fun, educational and rewarding experience for kids with special needs.



If you are interested in applying for funding from the Biondo Foundation for a summer camp experience for your child, please complete the application to determine your child's eligibility for this unique program. Applications will be accepted on a first come, first considered basis. The Board of Directors for the Foundation reserves the right to limit the number of applicants and to select all campers based solely on its own criteria.

For more information, please contact Nicole Armstrong via phone at (570) 202-0119, email at [info@biondofoundation.org](mailto:info@biondofoundation.org) or visit us at [www.biondofoundation.org](http://www.biondofoundation.org).

**APPLICATION DEADLINE: April 1, 2019**

Please note that admission is granted on a first come, first served basis.



## ANSWERS TO FREQUENTLY ASKED QUESTIONS

1. There is a \$25 application fee per family. This fee will be refunded if your child is not granted a campership.
2. Application **MUST** be accompanied by a copy of child's IEP cover page and signature page **EVERY** year. If you are applying for Camp Nejeda you must provide a doctor's diagnosis note. Additional documentation may be required. If you fail to submit the required documentation your child's application will not be considered.
3. This application is for funding purposes only. Camps will require completion of their own applications.
4. A maximum of \$1,000 for day camp programs and \$1,500 for overnight/residential camp program is allocated for each child's camping experience.
5. The parent/guardian **AND** the child must visit the camp and meet with a camp representative prior to the camping experience to ensure the camp is a good fit for your child.
6. The parent/guardian is required to sign a release of liability **PRIOR** to the camping experience and are encouraged to sign a Publicity Permission form (included on the application).
7. To obtain specific information about the camping programs offered by the camp in which you interested, including dates of camp sessions, you must contact the camp directly. The participating camps are:

<b>Blue Mountain Day Camp</b>	Stillwater, NJ	<a href="http://www.fairviewlakeymca.org">www.fairviewlakeymca.org</a>
<b>Camp Lee Mar</b>	Lackawaxen, PA	<a href="http://www.leemar.com">www.leemar.com</a>
<b>Camp Merry Heart</b>	Hackettstown, NJ	<a href="http://www.eastersealsnj.org/camp">www.eastersealsnj.org/camp</a>
<b>Camp Nejeda</b>	Stillwater, NJ	<a href="http://www.campnejeda.org">www.campnejeda.org</a>
<b>Camp Shohola for Boys</b>	Greeley, PA	<a href="http://www.shohola.com">www.shohola.com</a>
<b>Camp Speers-Eljabar YMCA</b>	Dingmans Ferry, PA	<a href="http://campspeersymca.org">campspeersymca.org</a>
<b>Camp Watonka</b>	Hawley, PA	<a href="http://www.watonka.com">www.watonka.com</a>
<b>Country Ark Farms</b>	Milford, PA	<a href="http://www.countryarkfarm.org">www.countryarkfarm.org</a>
<b>Dragonfly Forest</b>	Dingmans Ferry, PA	<a href="http://www.dragonflyforest.org">www.dragonflyforest.org</a>
<b>Equine Tranquility Wellness Center</b>	Andover, NJ	<a href="http://www.equinetranquility.org">www.equinetranquility.org</a>
<b>GAIT</b>	Milford, PA	<a href="http://www.gaittrc.org">www.gaittrc.org</a>
<b>Morning Star Farm</b>	Newton, NJ	<a href="http://www.mstarfarm.com">www.mstarfarm.com</a>
<b>PEEC</b>	Dingmans Ferry, PA	<a href="http://www.peec.org">www.peec.org</a>

8. Campership funds must be used at one of the above camps.
9. The Foundation does not provide transportation of any kind.
10. Completed application, application fee and copies of IEP pages and/or doctor's diagnosis must be returned either via mail or email to:

Ingeborg A. Biondo Memorial Foundation  
PO Box 231  
Milford, PA 18337

[info@biondofoundation.org](mailto:info@biondofoundation.org)



# INGEBORG A. BIONDO MEMORIAL FOUNDATION CAMPERSHIPS



Please complete both sides of this page and return to the Foundation. Completed applications can be mailed to: Ingeborg A. Biondo Memorial Foundation • P.O. Box 231 • Milford, PA 18337.

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

PHONE (H) \_\_\_\_\_ PHONE (C) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Email \_\_\_\_\_

County \_\_\_\_\_ Pike \_\_\_\_\_ Sussex \_\_\_\_\_ Western Orange \_\_\_\_\_

Physician's diagnosis of child \_\_\_\_\_

Child's Physician (Name & Address) \_\_\_\_\_

\*\*\*\*\* PLEASE PROVIDE A COPY OF CHILD'S IEP COVER & SIGNATURE PAGES.

CAMP NEJEDA APPLICATIONS REQUIRE PROOF OF DIAGNOSIS FROM YOUR PHYSICIAN.

THIS IS REQUIRED AND WITHOUT IT YOUR CHILD'S APPLICATION WILL NOT BE CONSIDERED \*\*\*\*\*

Please check all that apply to your child:

Allergies  Medication  Diet Restrictions  Seizures  Non-verbal  Wheelchair

Restriction on camp activities  Wanders off  Physical/verbal outbursts

If you checked anything above please describe \_\_\_\_\_

Please describe the amount of assistance your child requires, if any, with the following: meals, ambulation, work/participation, toileting needs. Please also include any information you feel would be helpful:

Does your child display challenging behaviors at times?  Yes  No

If so please describe the behavior, what is likely to trigger them and what helps him/her to overcome them.

Does your child receive TSS support?  Yes  No If yes, how many hours per week? \_\_\_\_\_

Camp Choice \_\_\_\_\_

Number of weeks your child would like to attend: \_\_\_\_\_

**PUBLICITY PERMISSION**

The Ingeborg A. Biondo Memorial Foundation encourages parents/guardians to give permission for including their children in publicity materials. Our goal is to inform parents/guardians of every eligible child about the foundation's camperships. Granting permission for publicity is not required for your child to attend camp but it is appreciated.

I give permission to the Ingeborg A. Biondo Memorial Foundation to use pictures, stories, tapes, documentaries, articles or other media pertaining to \_\_\_\_\_ (child's name) experience at \_\_\_\_\_ (camp).

I understand these materials may be used with discretion for the purpose of fundraising and public education conforming with the stated purposes of the Ingeborg A. Biondo memorial foundation.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**THE FOLLOWING RELEASES MUST BE SIGNED BY THE PARENT OR GUARDIAN OF EACH CHILD ATTENDING CAMP.**

**LIABILITY RELEASE**

I hereby give permission for \_\_\_\_\_ to participate in camping programs sponsored by the Ingeborg A. Biondo Memorial Foundation ("the Foundation"). In so granting my permission I agree to indemnify, save and hold the said Ingeborg A. Biondo Memorial Foundation free and harmless from any liability arising out of or in any way connected with my child's participation at \_\_\_\_\_ (camp).

In releasing the Foundation from any liability, I acknowledge that the Foundation's role is merely one of sponsorship and not implementation of the program for which I am granting permission for my child to participate. I further understand that the Foundation sponsorship is not to be interpreted by me, either directly or indirectly, as an endorsement that the particular program under consideration meets my child's specific needs and that I have made the decision for my child to participate based upon my own inspection, investigation, and examination and in consultation with the camp itself relative to the program to be offered.

\_\_\_\_\_  
Signature of Parent or Guardian Date

Sharing information provided with this application with camp staff will help to ensure a successful camp experience for your child. Please sign the following in order for us to release the information provided to the camp of your choice.

**AUTHORIZATION FOR RELEASE/EXCHANGE OF MEDICAL INFORMATION**

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

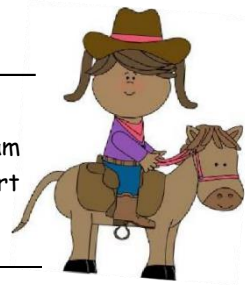
I hereby authorize Ingeborg A. Biondo Memorial Foundation to exchange written or verbal information with:

Camp \_\_\_\_\_ Address \_\_\_\_\_

For the purpose of consultation on the above named child's medical needs. If for other reason list here:

\_\_\_\_\_  
The information to be released is:

- ( ) General Information (contact info, school district, days attending school, etc) ( ) Individual Education Program
- ( ) Medical Report (evals & summaries only, no charting needed) ( ) Evaluation Report ( ) Psychological Report
- ( ) Speech Report ( ) Educational Report ( ) OT Report ( ) PT Report ( ) Vision Report
- ( ) Audiological Report ( ) Behavior Plan ( ) Other (specify) \_\_\_\_\_



HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information.

I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above and will be effective for one year after the date of my signature, unless specified below. I also understand that I may revoke this Authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming. I also understand and agree that the foundation may utilize qualified professionals who are not representatives, agents and/or employees of the Foundation to review all applications to ensure accuracy and qualifications. I further understand that the Foundation cannot be held liable for any opinions rendered by such qualified professionals in aid of the application process.

This consent shall be in effect from \_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authority/Relationship Date