

**Welcome to OUB Camps 2025**

**Camper Registration Form**

**2025 Vaccination Policy:**  All campers and staff are encouraged to be fully vaccinated against COVID-19 and all other diseases as recommended by the CDC. It is especially important that your child is vaccinated against tetanus and whooping cough. Please check, if they are 10 years old or older, that they have received their booster shot.

**All camps require a registration fee of $25 per camp with registration except where indicated below.** Camp Descriptions can be found at [www.oubmichigan.org](http://www.oubmichigan.org/) or call Gwen Botting, Executive Director, directly at (616)-755-2221. If you have difficulty with this form, please call for assistance. Please download and email all registration forms to [gwen@oubmichigan.org](mailto:gwen@oubmichigan.org) or print and mail hard copies to the address below. Please pay on PayPal or mail your registration fee to:

**Gwen Botting, Executive Director**

**4175 Westbrook Road,**

**Ionia, MI 48846**

**All staff are encouraged to be vaccinated. All campers will again be given their own tents, or they can bring their tent.  THANK YOU!**

**Camper Information**

Camper name:

Street address:

City, State, Zip:

Birthday:

Age:

Gender (required for grant reporting, please circle): Male Female Transgender Non-binary

Race/Ethnicity (required for grant reporting, please circle):    White     Latinx

African-American     Bi-racial Asian American       Native American     Pacific Islander  Other POC

Camper’s Cell Phone (if applicable):

Camper’s E-mail (if applicable):

**Parent Contact Information**

Parent/Legal Guardian Name:

Street address:

City, State, Zip:

Phone 1:

Phone 2:

E-mail:

**2025 Summer Schedule**

Please mark your child’s FIRST AND SECOND CHOICE of **2025** **Summer Session** with a **1 and a 2**. Drop off time on Sundays 3 PM. Pick up on Fridays 10 AM.

\_\_\_June 15-20 Cookin’ and Servin’ Camp, ages 10-17 ($25)

\_\_\_June 22-27 Discovery Camp, ages 7-14 ($25)

\_\_\_June 23-26 Discovery Day Camp, ages 7-14 ($25)

(drop-off 9 AM, pick-up 4 PM daily)

\_\_\_June 27 Family Day **(no registration fee)**, total number of attendees\_\_\_\_

\_\_\_June 30-July 3 Bicycle Camp, ages 7-17 ($25) 10 Am Mon drop off, 4 Pm Thurs pick up)

\_\_\_June 30-July 3 Bicycle Day Camp, ages 7-17, ($25) 10 Am Monday, 9 Am Tues-Thurs, 4 PM Pick up each day

\_\_\_July 6-11 Cooking and Jamming ages 7-17 ($25)

\_\_\_July 15-24 Adventure Trip 2025 to Pictured Rocks National Lakeshore ($150)

**\_\_\_I want my child enrolled in BOTH of their camp choices**

Please indicate below how you will pay the registration fee of $25 or $150 per camp.

\_\_\_My check or money order for my child’s registration fee is enclosed.

\_\_\_My check or money order will be mailed separately.

\_\_\_I am sending payment through PayPal. (Please note there is an extra fee).

\_\_\_I would like a scholarship to help pay for the registration fee.

Your child’s spot will not be reserved until the registration fee (or confirmation of scholarship) and this form are received. You do not have to send health and liability forms at this time to reserve your child’s spot!

Eye condition(s) – please describe your child’s eye condition:

Field of Vision and Visual Acuity: (*Example: 20% field, 20/800 in left eye, blind in right eye)*

Preferred reading format at camp:

\_\_\_\_\_Braille \_\_\_\_Large Print \_\_\_\_Regular Print

Cane use:

\_\_\_\_\_long white cane    \_\_\_support cane    \_\_\_\_no cane needed

Mobility:

\_\_\_\_\_walks comfortably independently   \_\_\_\_uses a support cane or walker

\_\_\_\_\_relies primarily on wheelchair      \_\_\_\_\_uses a wheelchair at all times

Please note: OUB camps are not staffed appropriately for children who need assistance with daily needs such as toileting, diapers, feeding, being carried to bed, or other assistance associated with severe physical impairments.

Does your child with low vision have difficulty seeing at night?

Secondary Conditions (i.e. autism spectrum disorder, ADHD, etc):

Physical Restrictions:

Special needs, including medically necessary dietary restrictions:

Dietary needs and activity restrictions must be documented by a letter from your child’s physician.

Religious or family dietary restrictions:

Does your child have any severe, potentially life-threatening allergies? If so, to what?

Does your child have any less severe allergies that we need to be aware of? If so, to what?

Insurance Company Carrier (for health insurance):

Policy #: Group #:

Does your child live with both parents?

Does your child have permission from both parents to attend our camps?

If your child has a non-custodial parent who has visitation rights, please have them fill out our Non-Custodial Parent Form.

**The following information will help us prepare for your child to attend OUB Camps.**

Has your child attended OUB Camps before?

Has your child attended camps other than OUB Camps before? If so, what camp and how many years?

Has your child spent an overnight anywhere without a relative?

What are your child’s sleep habits?

Should your child be awakened at night to use the restroom? If so, what time?

Does your child have any special fears? If so, what are they?

Is your child particularly afraid of thunderstorms?

What would you like your child to gain from their experience at OUB camps?

What independent living skills does your child need help learning?

What other skills of blindness does your child need special help with (e.g. self-care, travel, etc.)?

Does your child have any behaviors related to their blindness that we should be aware of (i.e. eye-pressing, rocking, jumping, spinning, hand-flipping, etc.)?

Are there any other things we should pay particular attention to?

**Parent Assessment of Child’s Ability**

Please indicate your assessment of your child’s level of skill in the following areas. Filling this out honestly will help us develop our programs to best suit your child and help them to have a successful camp experience. Some skills may be beyond your child’s age-appropriate ability, just indicate with N/A. **Please rate 1-5, with 1 designating little experience and 5 designating competence.**

Reading at appropriate grade level: In Braille

In Large Print

In Regular Print

Cooking:

Using a sharp kitchen knife

Familiar with using stove top

Able to stir a bowl or pot of ingredients

Familiar with using oven

Familiar with using microwave oven

Can clean up spills effectively (such as egg on the floor or spilled milk)

Skill at washing dishes

Social Skills:

Eats neatly with appropriate silverware

Can serve themselves food from serving dish neatly

Clears dishes without being asked

Can carry on conversation at meals that are appropriate

Converses in a back-and-forth manner

Can stay on topic in a conversation

Knows how to handle teasing and bullying

Has a sense of humor

Is not easily offended

Turns face towards speaker in conversation

Communicates personal needs appropriately and effectively

Orientation and Mobility:

Using a cane/other mobility device

Walking in a straight line (not veering)

Crossing streets

Walking over rough terrain

Traveling at night

Can follow directions given in degrees or clock numerals (e.g. turn 90° left)

Daily Living Skills:

Showers independently

Washes own hair

Combs own hair

Dresses themselves appropriately

Uses deodorant effectively

Brushes teeth independently

Organizing belongings

Household Skills:

Taking out Trash

Sets table

Wipes tables/ counters effectively

Sweeps floors effectively

SECTION FOR CAMPERS TO FILL OUT

1. What would YOU like to learn how to cook?

2. What kitchen skills would YOU like to learn or improve on?

3. Outside of kitchen skills, what skills would you like to learn or improve on?

4. What is your favorite subject in school?

5.What would YOU like to gain personally from being at camp? ( Even if its simply making new friends)

You will be notified within 10 days of our receipt of your registration form AND registration fee if your child will be accepted for their first or second choice of camp. Please note that, once your child has been accepted for camp, there are several forms that must be filled out for your child to attend. No child can attend without the proper completed documentation.

**Scholarships**

**In 2025,  the only fee for campers is $25 or $150 per camp for registration.** Thanks to special funding from the Elks Major Project Commission and Grand Rapids Community Foundation, scholarships are available to low-income families for our registration fees. Please contact Gwen for more information.

OUB has limited funds to assist with transportation and may be able to provide transportation to camp for your child. Your local Lions Club, or other local social service club may also assist with transportation funds for your child to attend camp. You will need to contact them EARLY, as many clubs do not meet in the summer.

Opportunities Unlimited for the Blind is a private non-profit organization that is solely dedicated to helping children and young adults who are blind or have low vision build life skills, self-confidence and independence**. Parents and guardians should understand that a camp like ours, with a nearly one-to-one camper to staff ratio, is very expensive to operate.** OUB would appreciate your willingness to attend a meeting of one of our supporters to express how much our camps mean to your child and your family. Please contact Gwen for more information.

**Thank you for choosing OUB Camps!**