

THE ARC OF NORTH CENTRAL IOWA SUMMER CAMP
Winnebago Scout Reservation
1654 Glass Pl.
Marble Rock, Ia.
July12-15, 2010

REGISTRATION

Return to : Arc office. 219, 1st St. SW. /or Box168. Mason City, Ia. 50401

Name_____Date of Birth_____

Parent/Guardian_____

Parent/Guardian Address_____

Phones_____

Camp Check-in Time is 8:30 a. m., July 12 Camp ends after lunch on Thurs, July 15, 2010.
Campers must be **picked up by 1:30 p. m.**

Camp Fees (includes \$20.00 Arc membership) \$160.00
Please send check to Arc of North Central Iowa

Day Camp Check-in Time is 8:30 a. m., Monday, July 12, 2010. DAY Camp ends after lunch
on Thursday, 15 July 2010. **Campers must be picked up by 1:30 p.m.**

Day Camp Fees (includes \$20.00 Arc membership) \$105.00
Please send check to Arc of North Central Iowa

Please make checks payable to The Arc of North Central Iowa. Please return completed forms
and check to the Arc of North Central Iowa, PO Box 168, Mason City, Iowa 50401 by June 30,
2010. Call 641-422-0157; e-mail: btrumparc@dticentral.com for questions. *Registration fee is
non-refundable.*

The Arc of North Central Iowa is a United Way Organization
THE ARC OF NORTH CENTRAL IOWA SUMMER CAMP
July 12- 15, 2010

Name _____ Nickname _____

Place of Residence _____ Phone Number _____

Address _____

Residence Nurse _____ Phone Number _____

Other contact person(s) _____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Family Doctor _____ Phone _____

PERSONAL INFORMATION

Please check those that apply.

verbal has tubes in one or both ears wears cotton in ears and

cap when swimming

nonverbal wears ear molds when swimming

prefers lower bunk capable of self-care

prefers upper bunk needs help with self care (explain) _____

_____ incontinent (please send supplies)

*****ANY INDIVIDUAL REQUIRING INDIVIDUAL SUPERVISION FOR EITHER
PERSONAL OR SAFETY CONCERNS MUST BRING THEIR OWN ATTENDANT AT
FACILITY EXPENSE!

DIET INFORMATION

Please list any food allergies _____

Please list any special diet needs _____

Name _____ Phone _____

HEALTH INFORMATION

Please list any physical health concerns _____

Please list any mobility concerns _____

Please list any social/emotional concerns _____
