



Greetings from Camp AmeriKids!

As the winter months pass, we look forward to another fun-filled summer at Camp AmeriKids! Here are some facts about our program:

- Camp AmeriKids is a <u>one-week sleep-away camp</u> located in Monticello, NY (approx. 1.5 hours from NYC)
- <u>Free of charge</u> and transportation to the camp site is provided from our meeting spot in Manhattan.
- We serve children who are infected with or affected by HIV and sickle cell disease. We accept children living with these medical conditions, as well as children who have a sibling or family member in the household who is living with HIV or sickle cell disease. *Note that there are different application packets for HIV and sickle cell disease*
- For children 8-16 years old.
- **Fun!** Our activities include: sports, swimming, drama, dance, arts & crafts, music & singing, film production, spoken word, nature, a climbing tower, zipline, and more! *Additional special activities* include a luau dance, game show night, carnival, a basketball tournament, campfires with s'mores, a talent show, and more!
- **Safe!** We have a <u>full team of doctors and nurses on site at all times</u> and a dedicated group of cabin counselors, activity instructors, and social workers to care for our campers. We have a ratio of approximately 1 adult for every 2 campers. In addition, we require background checks on all our volunteers to ensure the safety of our campers.

2024 Summer Session Date:

Sunday, August 18th - Saturday, August 24th

Sending in your application paperwork does not guarantee your child a spot with Camp AmeriKids. We wish we could accept everyone who applies but space is limited. <u>The earlier you send in your completed applications the better!</u>

Acceptance notifications and information packets are mailed to families in mid-June. If your child is accepted, we will send all packing lists, transportation information, and other details directly to you.

We look forward to receiving your application and welcome any questions you have. Please do not hesitate to contact Nyeka Desther at: 203.246.1739 or via email: ndesther@elm-project.org. We are more than happy to speak with you.

Warm Wishes,

Chloe Ettari Executive Director Nyeka Desther Community Engagement Coordinator

Please see our paperwork checklist and due dates on the reverse side of this page.

<u>2024 Summer Session Date:</u> Sunday, August 18th - Saturday, August 24th

Reminder: Camper applications can also be completed (and documents can be uploaded) online using the following link: <a href="mailto:camparerikids.campareri

We encourage you to apply online as we will receive your application right away

Due by Moi	nday, April 8th:	
	Camper Application 2024	
	 Parent/Guardian Signature on the following Media Release Form p. 3 COVID Informed Consent Form p.4 Consent Form p. 5 HIPAA Form p. 6 	(p. 6 on the Sickle Cell application) (p. 5 on the Sickle Cell application) (p. 4 on the Sickle Cell application) (p. 7 on the Sickle Cell application)
	Copy of Individual Education Plan (IEP) if in Special Education	
	 Copy of Recent Report Card (if possible) Acceptance to camp is <u>not</u> based on grades. Report cards help us to better understand your child and meet their needs at camp. 	
Due by Frid	lay, April 26th:	
	 Camper Medical Application 2024 Must be filled out and signed/stamped by camper's health care provider. We cannot accept medical paperwork filled out by parents/guardians. Reminder: Medical application cannot be completed online and must be completed on paper. 	
	 Copy of Child's Immunizations Record Note: Returning campers do not need to submit immunization records unless there are updates. Attach a copy of current immunizations record; a child may be prevented from attending camp if we do not receive this information. 	
	 Copy of the Child's Insurance Card All children attending camp are required to submit a copy of their current insurance card for prescription refills and for use in the event of an emergency. Even if this card has been submitted in the past, it <u>must</u> be submitted again. 	
	Medication ListTo be filled out and signed by child's health care provider.	
-	eted Applications can be returned: via fax (milton Ave. Stamford, CT 06902 or via email: 1	•
	For any questions plea Nyeka Desther, Community Enga (203) 658-9577(office), (203) 246-1739(cell	gement Coordinator at: