

## CAMP SHAMROCK 2025

Dear Parent/Guardian:

We are so glad you are interested in attending Camp Shamrock at the Barber National Institute. Attached is the 2025 Camp Shamrock Application Packet. Below is some information pertaining to this year's recreation camp. **Please read through as there is a lot of important information below.**

- **The camp is staffed and designed on a 5-day week. Campers can attend the program for any part of the session. Activities are based on your camper attending that day of the week. If you have questions regarding scheduling, please call to discuss the situation.**
- **There are a limited number of spots available based on the space camp is held.** We cannot guarantee all the days you request on the application, but we will do our best to make sure each camper gets an opportunity to attend camp.
- Please complete the following registration forms accurately and completely and return them as soon as possible. The quicker an application is received, the sooner it can be reviewed. **Applications will be returned if not fully completed.**
- **THE DEADLINE FOR APPLICATIONS IS MAY 12, 2025 – DUE TO THE LIMITED SPACE APPLICATIONS MUST BE IN BY THIS DATE.**
- **We are hopeful the pool will be done for camp. The pool form is included to have on hand. Please note a doctors signature is not required.**
- **NOTICE-** Please note that if your camper needs additional assistance to support physical, medical, and/or behavioral needs, an aid, TSS, or nurse **must** be present at all times with your camper. We are a recreational camp. If your camper needs one on one staffing and you are unable to provide that staff, they will not be able to attend camp. This has been put into place to ensure the safety of your camper, as well as all of the other campers. We apologize for any inconvenience this may cause.
- **Applications will be accepted in the order received and based on whether the camp is an appropriate match for the camper. You will be notified of your camper's acceptance.**
- **As always, our main priority is the safety of the campers. Sanitizing will occur frequently throughout the day.**

The 2025 Camp season will run June 23<sup>rd</sup> through August 1<sup>st</sup> (We will be closed July 4<sup>th</sup>). The hours of operation are 9:00 am to 2:00 pm. However, due to transportation arrangements, your camper may arrive later than 9:00 am and return home earlier than 2:00 pm. Unfortunately, transportation arrangements vary from camper to camper and are available to children who are school-aged and reside within the Erie City School District boundaries. If your child has been approved for the Extended School Year Program, your individual school district may provide transportation to camp. Some campers may also be able to be transported if they are set up with the EMTA Lift. **IF YOUR CAMPER IS RIDING THE LIFT, WE ASK THAT YOU PLEASE HAVE THEM ARRIVE ON THE EARLIER LIFT RATHER THAN THE LATER LIFT. SOME CAMPERS MISS AN HOUR OF CAMP IF THEY RIDE THE LATER LIFT. YOU MUST SCHEDULE AND CONFIRM YOUR CAMPER'S TRANSPORTATION.**

**CAMPERS MUST BRING THEIR LUNCH FROM HOME ON A DAILY BASIS.**

Camp Shamrock is staffed with a team that consists of a site supervisor and recreation aides, We look forward to having you at Camp Shamrock! Should you have any questions, please feel free to contact us at 814-874-5686 or 814-878-4088.

Sincerely,

Jackie Zacherl,  
Director of Family Focused Services

## 2025 Camp Shamrock Camper Checklist

Camper Name: \_\_\_\_\_

Please answer the following questions and return with your 2025 camp application. If you are unsure of a response or our camper needs assistance in an area of the question, please respond No and you may explain underneath or on the back if you'd like.

1. Can your camper independently use the restroom? Yes No
2. Can your camper independently eat lunches and snacks (not including the opening of items)? Yes No
3. Does your camper need one on one assistance (Tss, other staff, etc.) for certain tasks throughout the day (such as eating, walking, toileting, behaviors, etc)? Yes No
4. Can your camper verbalize wants and needs clearly to staff? Yes No
5. Does your camper have behaviors that we will need to be aware of? Yes No
6. Does your camper have difficulties with new people or situations? Yes No
7. Has your camper attended a camp before? Yes No
8. Does your camper like to participate in group activities? Yes No
9. Does your camper adjust well to a change in schedule? Yes No
10. Can your camper follow directions with prompting? Yes No

**I attest that the above information is accurate to the best of my knowledge.**



\_\_\_\_\_  
Parent/Guardian Signature & Date

**Barber National Institute**  
**FAMILY SUPPORT SERVICES – CAMP SHAMROCK**  
**100 Barber Place**  
**Erie, Pennsylvania 16507**

Camper Name: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please indicate which week(s) you prefer and number the weeks in order of preference 1-6.** First choice should be marked with a "1". If there is a week your camper will only be attending a few days, please make a note next to that week. **Please note that some weeks may be full and are not guaranteed. You will receive a confirmation letter with the weeks and days that your camper is signed up for.**

Week #1	June 23 – June 27, 2025	5 days	_____
Week #2	June 30 - July 04, 2025	4 days (Holiday)	_____
Week #3	July 07 - July 11, 2025	5 days	_____
Week #4	July 14 - July 18, 2025	5 days	_____
Week #5	July 21 - July 25, 2025	5 days	_____
Week #6	July 28- Aug 01, 2025	5 days	_____

Total number of weeks requested: \_\_\_\_\_

**Please note, the total number you put here is how many weeks your camper will be signed up for based on the order of preferred weeks.**

Please indicate your method of payment. Please note the cost of camp is \$300 per week. Scholarships may be awarded to qualifying campers if available. Contact Jackie at [jzacherl@barberni.org](mailto:jzacherl@barberni.org) for an application.

FSS Annual Allocation \_\_\_\_\_

Family \_\_\_\_\_

BNI Agency with Choice (Waiver) \_\_\_\_\_

(Must be enrolled in Agency with Choice in order for camp to be paid through it)

Other (Specify name & billing address) \_\_\_\_\_

Please indicate other summer services received:

Extended School Year \_\_\_\_\_

Other, please specify \_\_\_\_\_

**How will your camper be transported to and from camp?** School Bus Lift Parent Other: \_\_\_\_\_

**Please Circle one**



2025 CAMP SHAMROCK APPLICATION

Please respond to every question. Incomplete forms will be returned for completion.

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parents/Guardians Name(s): \_\_\_\_\_

1: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Other identifying marks: \_\_\_\_\_

T-Shirt size: Youth SM Youth M Youth L Adult SM Adult M Adult L Adult XL Adult XXL

Diagnosis: \_\_\_\_\_

School Attends (If Any): \_\_\_\_\_

Name of 1<sup>st</sup> Emergency Contact (not the parent/guardian): \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name of 2<sup>nd</sup> Emergency Contact (not the parent/guardian): \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**Medical Records:**

Can your camper self-administer medications? Yes \_\_\_ No \_\_\_

Please note that the nurse at the main center must administer any medications if the camper is not able to self-administer. Campers are not always at the main center, which may cause a delay in the time a medication is administered.

Medications: It is imperative that you send all medications in original pharmacy containers. The label must read: pharmacy name, address & phone number; the camper's name for whom the prescription was issued; name of medication; count of medication; and physician's name. Please list all medications currently being taken and include any special instructions for administration. If none taken, write "None".

Medication Name	Dosage	Administration Times	Reason

**Allergies:** Please include any and all allergies or allergic reactions your camper currently has or has had in the past.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seizure Disorder (type & frequency). Please describe any predictors or warning signs and what to do if one should occur.**

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**General information relating to behavior & self-help skills: Describe degree of independence or areas needing assistance. Please be specific.**

**Walks Independently:** Yes or No    **Utilizes wheelchair:** Yes or No

**Utilizes any adaptive devices to assist with walking or speech:** Yes or No    If Yes, please list: \_\_\_\_\_

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**Toileting (If needs assistance, please list how):** \_\_\_\_\_

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**Dressing/Undressing (If needs assistance, please list how):** \_\_\_\_\_

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**Eating/Feeding (If needs assistance, please list how):** \_\_\_\_\_

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**Verbal skills/Communication (If needs assistance or a communication device, please list how):** \_\_\_\_\_

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**Please list any Behavior Concerns:** \_\_\_\_\_

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**Please list any Sensory Concerns or Sensitivities (If Any):** \_\_\_\_\_

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FAMILY SUPPORT SERVICES  
PERMISSIONS/CONSENTS

I hereby give permission for my son/daughter \_\_\_\_\_ to receive emergency treatment by a doctor or emergency room personnel while he/she is under the supervision of the Barber National Institute/ Camp Shamrock program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for the following over-the-counter medications to be given, by the camp nurse or camp staff, to my son/daughter should the need arise.

Pepto-Bismol: Yes \_\_\_ No \_\_\_

Tylenol: Yes \_\_\_ No \_\_\_

Bug Spray: Yes \_\_\_ No \_\_\_

Allergy Relief (such as Benadryl): Yes \_\_\_ No \_\_\_

Sunscreen: Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for nursing staff and camp staff to administer the following: First Aid treatments, medications prescribed by consulting physicians, baths if needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I relieve the Barber National Institute/Family Support Services program and staff of responsibility for any injuries which may occur while my son/daughter is at CAMP SHAMROCK.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for my son/daughter to engage in all camp activities. If there are any exceptions, please list.

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for my son/daughter to attend and participate in **ALL CAMP SHAMROCK FIELD TRIPS**. Some possible destinations include but are not limited to: Erie Zoo, Erie Parks, Blasco Library, Presque Isle, UPMC Ball Park, Asbury Woods, Bowling, Sarah's, Tom Ridge Environmental Center, Putt-Putt Golf, and Millcreek Mall. **If there are any exceptions, please list:**

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



AUTHORIZATION FOR PUBLICITY RELEASE

There are occasions when the Dr. Gertrude A. Barber National Institute is given opportunities for coverage by the media. We also have occasions for our clients to participate in our own marketing activities. These media and marketing activities may involve newspapers, magazines, television, advertisements, social media (i.e. Facebook, etc.) internal publications, video promotional pieces, as well as our own website. We refer to these media and marketing outlets as "Media and Publicity Outlets" and include members of the media, advertising agencies and our own staff.

We are proud to share information about our accomplishments with the community, but we are also sensitive to the possibility that our clients or their personal representatives may not want to participate in activities involving Media and Publicity Outlets. Therefore, we are requesting that you make your wishes known on this subject by completing this form and returning it to us.

If you consent to participate in activities involving Media and Publicity Outlets, you may revoke this authorization at any time by notifying us in writing, except to the extent that action has already been taken in reliance on this authorization. This authorization expires when revoked in writing by you. You may refuse to sign this authorization and your refusal will not affect the ability to obtain treatment or payment or eligibility for benefits. Any information about you released in connection with your participation in Media and Publicity Outlets can be republished by the recipient and is no longer protected by federal or state law. Some of our marketing activities may result in our receipt of direct or indirect remuneration.

Name of Individual: \_\_\_\_\_

I give my permission to be photographed and/or videotaped for purposes of participation in Media and Publicity Outlets described above.

I give my permission to be interviewed for purposes of participation in Media and Publicity Outlets described above.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Individual) (Parent/Guardian/Advocate)

Date: \_\_\_\_\_

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I do NOT wish to participate in the Media and Publicity Outlets described above.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Individual) (Parent/Guardian/Advocate)

Date: \_\_\_\_\_

**BARBER NATIONAL INSTITUTE  
AQUATIC PROGRAMS  
MEDICAL CLEARANCE AND PARENTAL APPROVAL FORM  
CAMP SHAMROCK**

**PLEASE NOTE: SIGNATURES OF BOTH PHYSICIAN AND PARENT/GUARDIAN ARE REQUIRED.**

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Phone: \_\_\_\_\_

The above-named child is planning to participate in the Institute's recreational swimming program. To provide proper precautionary measures to the individual, it is necessary to have certain facts concerning this individual's health. It will be appreciated if you would complete the following information. Thank You.

SEIZURE DISORDER:            Yes \_\_\_\_\_    No \_\_\_\_\_  
Controlled by Medication    Yes \_\_\_\_\_    No \_\_\_\_\_  
Seizure within the last year    Yes \_\_\_\_\_    No \_\_\_\_\_

Specific Precautions: If the above mentioned person has chronic condition in any of the following areas, please explain briefly.

TUBES IN EARS: \_\_\_\_\_

EYE INFECTIONS: \_\_\_\_\_

SKIN IRRITATIONS: \_\_\_\_\_

POOR BALANCE: \_\_\_\_\_

OTHER: \_\_\_\_\_

I hereby give my permission for my camper to attend the recreational swim.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send a bathing suit and towel for your camper on swimming days. Also, please send any of the following if necessary for your camper: bathing cap, ear plugs, and goggles. Please label your campers as we have many that look alike**



# CAMP SHAMROCK

Welcome to Camp Shamrock! We are very excited for camp. In order to make this the best camp possible, we want to know more about YOU! Please take a few minutes to fill out the following questions. If we missed anything that you think we should know, please add it on to the last page.

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1. Tell us about yourself!

- a. Likes/Dislikes
  
  
  
  
  
  
  
  
  
  
- b. What are your favorite foods, drinks, snacks, restaurants etc.? (Any allergies, sensitivities, or health concerns)
  
  
  
  
  
  
  
  
  
  
- c. What are some of your favorite games, activities, crafts?
  
  
  
  
  
  
  
  
  
  
- d. What are some of your favorite places to go/things to do in the community?

2. All about you!

- a. What would we need to know about you when spending a whole day with you (any sensory issues, health concerns, etc.)?
  
  
  
  
  
  
  
  
  
  
  - b. Is there anything that you don't like to do, bothers you, or are triggers for you?
  
  
  
  
  
  
  
  
  
  
  - c. Do you have any sensitivities (ex: Lights, noises, etc.)?
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3. Camp

- a. What are some things you would like to do at camp that would make it the perfect day?
- b. If you came to camp last year, were there any things that you really enjoyed doing and would like to do again?
- c. Any recommended changes if you attended last year?

4. Skill Building

- a. What are one or two specific goals you have for your camper that we can help them reach at camp?
- b. Are there any specific ways you would like us to work on these skills to stay consistent with how they are worked on in the home and at school?

