

SPECIAL DAYS Camps  
P.O. BOX 436  
Dimondale, MI 48821



**Address service requested**



*Important information on back!*

**CAMPER APPLICATION ENCLOSED  
SPACES ARE FIRST COME, FIRST SERVED  
RESERVATIONS MAY NOT BE HELD UNTIL  
APPLICATION IS RECEIVED**

## **REGISTER EARLY!**

- ❖ The weekend promises to be exciting and action packed, filled with activities like sledding, arts and crafts, ice skating, broom ball and cross country skiing just to name a few.
- ❖ We expect to be full and have a wait list for the weekend so please fill out your application and return it right away.
- ❖ Bus service will be offered to winter camp from the locations below. The bus has seats for 50 campers and they will be assigned as applications are received.  
DETROIT - Mc Donald's, 1000 Mack Ave.  
ANN ARBOR - Four Points by Sheraton, 3200 Boardwalk  
LANSING - Comfort Inn & Suites, 9742 Woodlane Dr.

## **STAY UP TO DATE YEAR ROUND**

- ❖ In an effort to increase our communications to families we have created an electronic newsletter to keep everyone informed about upcoming events. If you do not currently receive this publication please contact Camp Director, Tammy Willis by emailing [Tammy.Willis@gmail.com](mailto:Tammy.Willis@gmail.com) or calling 866-448-4710
- ❖ If you have a Facebook account we invite you to become a fan of our Special Days Camp Page. You'll find updates on the latest camp information and fundraising events throughout the year.

## **COSTS AND CAMP FEE**

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The budget for Special Days Camps is approximately \$300,000.00 per year. This covers the costs of renting the facility for summer and winter camp, as well as printing, postage and other administrative expenses. To try and offset costs, we engage in fund-raising events throughout the year. Many businesses, organizations, churches and service groups conduct fund-raisers to help support us. Contact Jim Carey, Executive Director, at (866) 448-4710 if you would be interested in helping with fundraising.

The requested fee for winter camp is \$50.00 per camper although the cost to SPECIAL DAYS CAMPS is over \$500 per camper. Please consider a donation in addition to the camper fee to help offset camp costs. **ALL donations are tax deductible.** If possible, please send in the camper fee with the application. If this is not possible, you may send your camp application and forms in now and the camp fee at a later date. If you cannot afford the fee, Special Days Camps grants partial or full scholarships, no questions asked. Please check the appropriate "Camp Fees" box on the application.

*SPECIAL DAYS Camps is open to all eligible children regardless of ability to pay.*

## **CANCELLATION POLICY:**

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A full refund of the camp fee will be made for cancellations up to two weeks before winter camp. After that date, a refund is available only when the cancellation is for medical reasons and you have notified SPECIAL DAYS Camps prior to the first day of camp. If a cancellation is necessary, please call SPECIAL DAYS Camps as soon as possible in order to open the space to another camper. **A BED WILL BE HELD ONLY UNTIL 6 PM ON JANUARY 29<sup>th</sup>. IF YOU HAVE NOT CONTACTED US OR SHOWN UP AT THE CAMP FACILITY TO SIGN IN YOUR CHILD THE BED WILL BE GIVEN TO A CAMPER ON THE WAIT LIST.**

## **QUESTIONS?**

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For any questions regarding camp please call Tammy Willis at (866) 448-4710 OR E-mail messages may be sent to [Tammy.Willis@gmail.com](mailto:Tammy.Willis@gmail.com) Please be aware that except when camp sessions are in operation you will need to leave a message and we will return it.

**If you need to contact us during camp,** please call us at 866-448-4710 or 517-281-1308. Someone will either answer or return your call as quickly as possible. The cell phone reception at camp is intermittent so it may take us a few minutes to get your message. As a reminder, campers are not allowed to make phone calls.

*SPECIAL DAYS Camps is an independent, non-profit organization licensed by the State of Michigan.*

*SPECIAL DAYS Camps accepts campers and volunteers without regard to race, ethnic background, religion or disability.*

## **SPECIAL DAYS WINTER CAMP**

**January 29 – 31<sup>st</sup>** marks dates of Special Days Winter Camp. The weekend promises to be exciting and action packed, filled with activities like sledding, arts and crafts, ice skating, broom ball and cross country skiing just to name a few. Winterized facilities at and YMCA Camp Pentalouan provide an ideal setting on the west side of the state for campers and siblings to meet new friends, reminisce with old friends, and have lots of fun. If you plan on your child(ren) attending please register early, we expect every bed to be filled!

## **PROGRAM DESCRIPTIONS**

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**Winter Camp** is an activity filled, three-day weekend camping program for children who have or have had cancer and their siblings, **ages 5 through 18.** *NOTE: Siblings are eligible to attend whether or not the child with cancer attends. If your child attended in the summer and is now 18 they are eligible to attend.*

Weeklong, residential **Summer Camp** programs are available for cancer patients and former cancer patients, and their siblings.

**Partner Camp** (for siblings of children who have/had cancer): **August 6 – 14<sup>th</sup>**  
**Special Days Camp** (for children who have/had cancer): **August 14 – 20<sup>th</sup>**

This booklet contains everything you need to register for Special Days Winter Camp. Please read and follow all instructions carefully. **Only one camper per application form.** Space is limited and is filled as applications are received with preference given to those able to attend the entire weekend. Please send in your forms as soon as possible to reserve a space for your camper(s). Once your child(ren) has been registered then a confirmation of your application(s) will be sent.

## **DIRECTORS**

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Executive Director	Jim Carey
Camp Director	Tammy Willis
Associate Camp Director	Pamela Royer Pusateri
Health Director	C. Lynne Royer-Willoughby, R.N., M.S.N.

## **MAIL APPLICATIONS TO**

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Special Days Camps PO Box 436 Dimondale, MI 48821 <a href="http://www.specialdays.org">www.specialdays.org</a>	Phone: (866) 448-4710
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**Driving Directions to Special Days Camps  
at YMCA Camp Pandalouan  
1243 E. Fruitvale Rd.  
Montague, MI 49437**

**IMPORTANT NOTE:** For GPS (and Mapquest) directions, type in E Fruitvale Rd & Blue Lake Rd, 49425 to NOT use the address above.

**From Detroit, Ann Arbor, Lansing and all points south east:**

- Take I-96 West to U.S. 31 North
- Follow Directions below

**From Traverse City, Grand Haven and all other points north or south:**

- Take U.S. 31 North / South (depending on direction you are coming from).
- Follow Directions below

**From Saginaw, Bay City and all other point north east:**

- Take U.S. Hwy 10 west to U.S. 31 South
- Follow Directions below

**REMAINDER OF DIRECTIONS: (EVERYONE)**

- Take the **RUSSELL ROAD** exit. (Approx. 6 miles North of the Apple Ave. exit).
- Turn Right onto Russell Road.
- Follow Russell all the way until it ends. About 10 miles. (Russell Road twists and turns, be sure to follow the signs for **Muskegon County B-23**. **We will also do our best to have Special Days Camps signage at as many of the turns as possible**).
- Russell Road will end at **FRUITVALE ROAD**.
- Take a right onto Fruitvale Road. Go 1/2 mile, Camp Pandalouan is on the right.

**Suggested Clothing and Equipment List**

Please use a permanent laundry marker (available at most discount stores) to label *all* clothes and belongings. Do not pack belongings loose in a sleeping bag or pillowcase, if you do not have a suitcase use a plastic garbage bag and label the outside with masking tape.

**WATCH FOR REVISIONS IN THE CONFIRMATION LETTER!**

**Linen**

- Wash cloth and towels
- Sleeping bag with single bed sheet (or sheets and a warm blanket)
- Pillow

**Clothing**

- 2-3 sweatshirts or sweaters
- 2-3 pairs of jeans
- 1-2 tee shirts
- 1 pair of sweat pants
- 1 pair of pajamas
- 2 pairs of underwear
- 5 pairs of socks (in case of wet feet)
- 1 pair of tennis shoes with light soles
- 1 warm winter coat
- 1 pair of boots
- warm mittens
- warm hat
- scarf
- snow pants

**Miscellaneous**

- Flashlight with extra batteries
- Toilet articles: soap, toothbrush, toothpaste, shampoo, etc.
- Plastic bag for wet clothes
- Ice skates (if you want to skate)
- Sled

**Other suggestions (not required)**

- Camera with extra film
- Favorite toys and books
- Paper, pens and pencils
- Coloring books and crayons
- Sports equipment

DO NOT BRING:  
-Cell phones  
-Tobacco products  
-Alcohol  
-Illegal drugs  
-Knives  
-Firearms or weapons  
-Valuable items you would not want lost or broken such as cell phones and MP3 players

**Please use masking tape to label the outside of all suitcases, bags, sleeping bags, and pillows with the camper's first and last name. This will help tremendously in identifying belongings at camp.**

## CALENDAR

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**Special Days Winter Camp - Friday, January 29 – Sunday, January 31, 2016**

### CHECK-IN / CHECK OUT

**Check-in: Friday, January 29<sup>th</sup> 4:30 p.m. – 5:30 p.m.**

Plan on arriving between these times to have ample opportunity to meet the staff and get your camper settled in. **Please eat lunch before arriving**, our first meal will be dinner on Friday night.

IF YOU ARE UNABLE TO CHECK IN DURING THESE TIMES PLEASE INDICATE THIS ON THE APPLICATION.

**IF YOU DO NOT ARRIVE BY 6 PM AND HAVE NOT CONTACTED US YOUR CHILD(S) BED SPACE WILL BE GIVEN TO A CAMPER ON THE WAIT LIST.**

**Checkout: Sunday, January 31<sup>st</sup> 10:30 a.m. parents arrive for closing ceremonies in the dining hall. Checkout begins immediately following at approximately 11:00 a.m.**

To allow everyone to participate in the closing ceremony, *checkout before the closing ceremony will not be possible.*

## HOW TO REGISTER

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Enclosed you will find all necessary forms to register your child for camp. A COMPLETE and LEGIBLE application and medical form must be received for each camper prior to arrival at camp. **Bed space at camp is limited and is filled as applications are received.** please send in forms as soon as possible and allow at least one week for mailing.

Completely fill out both sides of ALL the forms and return to us:

- 2016 Winter Camp Application** (to be filled out by a parent/guardian)
- Camper Information Form** (to be filled out by the camper)
- Medical History Form** (to be filled out by a parent and signed by a physician if required)

*If a form is received with any information or signature missing, it will be returned for completion.*

**Send completed forms and your fee / donation to:**  
**SPECIAL DAYS Camps – Winter Camp**  
**P.O. Box 436**  
**Dimondale, MI 48821**

You will receive an email confirmation or be contacted by phone that a space has been reserved for your child.

## MEDICAL CARE AT CAMP

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### *Staffing & Facilities*

At all times licensed medical staff are in attendance. Prior to camp, our health staff will review your camper's medical forms. At camp, the campers will receive a brief exam. Routine medical call is handled as needed 24 hours a day. There is room in the medical facilities for short-term medical observation so a child need not be sent home for minor discomforts. Medical equipment present at the medical center includes emergency medications, antibiotics, intravenous infusion materials and a small laboratory with a refrigerator and microscope. X-ray facilities are available at the Hospital in nearby Muskegon. We are ready to handle most straightforward medical problems such as lacerations, ear infections, sore throats, gastrointestinal upsets, sprains, etc. The special needs of children on chemotherapy are always kept in mind.

### *Serious Illness*

If a serious medical problem arises, we will not hesitate to contact you and your child's doctor. We will arrange for safe transportation to either the nearby local hospital or the hospital where you usually receive medical care, as circumstances warrant.

### *Chicken Pox*

For a child whose immune system is weakened, chicken pox can have very serious consequences. For the safety of your child and other children at camp, if your child is currently receiving chemo or has been off chemo for less than one year (1), we **MUST** have documented results of a chicken pox titer. Documented cases of chicken pox are not sufficient. (See Medical History form)

### *Medications*

The camp physician and/or an oncology nurse will supervise or administer all of the medications your child requires while at camp. Please supply any and all routine medications needed, including any supplies required for Hickman or broviac care. Bring these medications to camp with your camper and check them in with the medical staff. Please have your child's clinic write a short note to the dose and method of administration. No medications are allowed in sleeping quarters, including vitamins, aspirin, cough syrup etc. At the end of your child's stay at camp we will send a short note home regarding all medical care and any medications your child received during camp.

### *Questions about Medical Care?*

If you have any further questions, please feel free to contact: C. Lynne Royer-Willoughby, RN, MSN (317) 367-8052, Special Days Camps Health Director/ Nurse Practitioner.

Have you ever been to SPECIAL DAYS Camps before? \_\_\_\_\_

If so, when? \_\_\_\_\_

What would you like to do most at camp? \_\_\_\_\_

Would you like to go sledding at camp? (please bring your own sled to camp with your name in permanent maker) \_\_\_\_\_

Would you like to ice skate at camp? (you'll need to bring your own ice skates) \_\_\_\_\_

Anything else you would like to tell us? \_\_\_\_\_

Please attach a photo of yourself:

**THANK YOU FOR HELPING US GET TO KNOW YOU BETTER!**

### SPECIAL DAYS CAMPS WINTER CAMP APPLICATION

Please indicate time of arrival if NOT during check in \_\_\_\_\_  
(4:30 p.m. – 5:30 p.m., Friday, January 29<sup>th</sup>) Day Time

Camper Name Birth Date Age At Camp Gender

Home Address City State Zip County

E-mail address (parent)

Please list phone numbers where a parent/guardian may be reached **during camp.**

( ) ( ) ( )  
(AC) Home Phone- Parent 1 (AC) Work Phone- Parent 1 (AC) Cell Phone- Parent 1

( ) ( ) ( )  
(AC) Home Phone- Parent 2 (AC) Work Phone- Parent 2 (AC) Cell Phone-Parent 2

- Enclosed is the \$50 winter camp fee  \$50 camp fee will be paid at a later date
- A Full Scholarship is needed, we are unable to contribute at this time
- An additional donation of \$\_\_\_\_\_ is enclosed (all amounts are greatly appreciated and are tax deductible)**

\$\_\_\_\_\_ **TOTAL** (please make check or money order made payable to Special Days Camps)

**Special Days Camps accepts Master Card and Visa. If you would like to pay by this method, please complete the information below.**

Visa Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Master Card Print Name \_\_\_\_\_

Signature \_\_\_\_\_

- I WOULD LIKE TO RESERVE A ROUND TRIP SEAT ON THE BUS FOR MY CHILD**
- I WOULD LIKE TO RESERVE A ONE WAY SEAT ON THE BUS**  
Please circle one: To Camp (Fri. Jan 29<sup>th</sup>) Home from camp (Sun. Jan 31<sup>st</sup>)

**PLEASE CIRCLE LOCATION FOR THE BUS**

**DETROIT** - Mc Donald's, 1000 Mack Ave., Detroit, MI 48207

**ANN ARBOR** - Four Points by Sheraton, 3200 Boardwalk, Ann Arbor, MI 48108

**LANSING** - Comfort Inn & Suites, 9742 Woodlane Dr., Dimondale, MI 48821

**NOTE: DETAILS OF DROP OFF / PICK UP TIMES WILL COME PRIOR TO CAMP. SPACE IS LIMITED TO 50 CAMPERS. IF YOU MAKE CHANGES TO YOUR BUS RESERVATION AFTER IT IS CONFIRMED THERE WILL BE A \$20 FEE PER CHANGE.**

*Please mail completed forms along with your fees and donations to:*  
SPECIAL DAYS CAMPS – Winter Camp  
P.O. Box 436  
Dimondale, MI 48821

**Important!! Be sure to fill out the other side:** ☞

Cut along dotted line

Cut along dotted line

**CONSENT FOR CAMP ATTENDANCE**

In consideration of Special Days Camps permission to let my child attend camp on the property of Camp Pandalouan, I agree to the following:

- 1. I hereby give my child permission to attend SPECIAL DAYS Camps at YMCA Camp Pandalouan.
2. I release YMCA Camp Pandalouan, and Special Days Camps, their officers, agents, employees, and volunteer staff from any liability and injuries my child may receive as a result of attending camp and/or of receiving professional medical care from doctors or nurses furnished by the organization called SPECIAL DAYS Camps.

**MULTIPLE ACTIVITY RELEASE**

I hereby give permission to my child to participate in all activities at SPECIAL DAYS Camps. I release YMCA Camp Pandalouan and SPECIAL DAYS Camps from any and all liability which may result from these activities. Please list here any activities you DO NOT want your child to participate in including Horseback Riding:

**OFF-SITE ACTIVITY RELEASE**

I hereby release YMCA Camp Pandalouan and SPECIAL DAYS Camps, their officers, agents, employees, and volunteer staff from any liability for injuries my child may receive as a result of participation in an off-site activity as part of camp activities which may include but is not limited to: camping, boating, an amusement park, visiting a city, a major or minor league baseball game, roller-skating, bowling, etc.

**IMAGE RELEASE**

I hereby give SPECIAL DAYS Camps the absolute right and permission to copyright, publish, and / or resell photographic or electronic image likenesses of my child, in which he / she may be included in whole or in part, for any lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and / or approve the finished product or the use to which it may be applied.

I hereby release, discharge and agree to save same from any liability by virtue of any blurring, distortion, alteration, optical illusion or in any composite form, whether intentional or otherwise, that may occur or be produced in the taking of such picture or in any processing tending towards the completion of the finished product.

**CONSENT FOR BUS TRANSPORTATION**

I hereby give permission for Special Days Camps and Dean Trailways to transport my child, by bus, to YMCA Camp Pandalouan. I release Special Days Camps and Dean Transportation from any and all liability which may result from this.

**CAMPER RELEASE TO NON PARENT OR GUARDIAN**

NOTE: If someone other than a parent or guardian will be picking up or dropping off your child at camp, this section must be completed or we cannot release your child.

I hereby give permission to \_\_\_\_\_ to pick up/ drop off my child from camp at check-in or checkout.

THIS SECTION MUST BE COMPLETED FOR ALL CAMPERS
Parents may cross out any of the above sections for which they DO NOT give permission.

Camper Name
Printed name of parent/guardian Relationship to camper
Signature of parent/guardian Date

Cut along dotted line

Cut along dotted line

SPECIAL DAYS Camps
CAMPER INFORMATION (to be completed by the camper)

Please print name: \_\_\_\_\_

Do you have a nickname you'd like to be called? \_\_\_\_\_

How old are you? \_\_\_\_\_ What grade are you in? \_\_\_\_\_

Are you a girl or a boy? \_\_\_\_\_

What are your favorite subjects in school? \_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

What kind of crafts do you like to do? \_\_\_\_\_

Do you have a favorite food or snack? \_\_\_\_\_
If so what? \_\_\_\_\_

Is there something that you do at night to help you fall asleep? \_\_\_\_\_

Be sure to fill out the other side: [hand icon]

## SPECIAL DAYS CAMPS MEDICAL HISTORY FORM

Please check one: Special Days Camper\* \_\_\_\_\_ Sibling Camper \_\_\_\_\_ (disregard \* items)

Print or type CAMPER NAME	Date of birth	Age at camp	Gender	Grade	Current Height & Weight
Name of Custodial Parent(s) or Legal Guardian(s)			(Area Code) Home Phone		
Home address (Number and street, or P.O. Box)			(Area Code) Work Phone		
City, State and Zip Code		County	Best time and place to call		
Name of Primary Physician or *Cancer Physician			(Area Code) Office Phone		
Address (number and street) City, State Zip Code			(Area Code) Emergency Phone		
*Name of Primary Nurse or Nurse Practitioner			(Area Code) Phone		
*Name of camper's hospital		*Camper's diagnosis		*Date of Diagnosis	
*Is camper currently on therapy? YES NO      *Date (month/year) therapy completed:					
*Camper's Physician's Signature			<i>(indicates approval for participation in camp required for children with cancer and first time campers)</i>		

### EMERGENCY CONTACT INFO

Name	Relationship to camper	(Area Code) Home Phone	(Area Code) Work Phone
Name	Relationship to camper	(Area Code) Home Phone	(Area Code) Work Phone

### HISTORY

Allergies (drugs, food, bee stings, etc.)	Dietary restrictions
If female, has child started her menstrual cycle? YES NO	Other medical issues (asthma, hay fever, seizures, ADHD, surgeries)
Is your child receiving treatment for any of the above? Please describe. (Include any medications on back of this form.)	
Any physical disabilities (amputee, blind etc.)?	Does your child have any special equipment (prosthesis, walker, etc.)?
Any restrictions or limitations of activities (no swimming, no prolonged exposure to sunlight, no contact sports, etc.)?	
Is your child currently experiencing emotional or behavioral issues? Is there anything we should know to make his/ her adjustment easier?	
Please describe any unusual bedtime or sleep habits (sleepwalking, nightmares, use of a night light).	
Does your child have an infectious disease? YES NO	Does your child normally wet the bed? (This is not uncommon in an unfamiliar setting) YES NO
NOTE: IMMUNIZATION INFORMATION IS REQUIRED BY THE STATE OF MICHIGAN Date of last tetanus immunization _____ month/year OR within 0-5 years 5-10 years 10+ years (circle one) Are your child's immunizations up to date? _____ Yes _____ No	
*Date of most recent blood count AT TIME OF APPLICATION: _____ *If your child has been off chemo for more than 5 years, you do not need to receive a CBC prior to camp. *Hgb                                      *Hct                                      *Platelets                                      *WBC                                      *AGC/APC/ANC	

**OVER**

## INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND CAMP

Name of Insurance Company	Name of policy holder	Policy/Group Number
Phone number for claims information	Special instructions for coverage	

### MEDICATIONS AT CAMP

Please list all ORAL medicines which will be needed at camp			
	DRUG NAME	DOSE	FREQUENCY/TIME
<i>Chemo Agents</i>			
Other Oral Meds			
Please list all INJECTABLE medicines which will be needed at camp			
	DRUG NAME	DOSE	FREQUENCY/TIME
<i>Chemo Agents</i>			
Other Injectable Meds			

### MEDICATIONS RECEIVED PRIOR TO CAMP

	DRUG NAME	DOSE	FREQUENCY/TIME
<i>Chemo Agents</i>			
Other Agents			

Please indicate any special ways to give medications (crush with applesauce, after counting to three. . .)	
<i>Please include information about prevention of nausea, vomiting, and pain management if applicable.</i>	
Does your child have a central line or port (Hickman, Broviac)?    YES    NO	
Is there anything else you would like us to know?	

### CONSENT FOR MEDICAL TREATMENT

The undersigned parent/guardian hereby authorizes the medical/nursing staff of SPECIAL DAYS CAMPS to consent to emergency medical or surgical treatment of the camper and to routine, non-surgical medical care, and to administer routine and other medication for his/her child. I also give consent to have my child's medical information released to SPECIAL DAYS CAMPS representatives.

\_\_\_\_\_  
 Signature                      Printed                      Name                      Date