



UPWARD BOUND CAMP REGISTRATION

P.O. Box C, Stayton OR 97383

Phone (503) 897-2447 Fax (503) 897-4116

OFFICE USE ONLY

Date received: _____

Received by: _____

Payment received: Y N

Camper's Full Name: _____ Birth Date: _____ MM/DD/YYYY

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

Would you like to subscribe to our e-newsletter?

Yes Please!

No Thank You

Email: _____

Contact Person: _____ Emergency Contact Phone #: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

Is camper own guardian? Y N Guardian Name/Phone: _____

Guardian Address: _____ City: _____ State: _____ Zip: _____

Gender of Camper (check one): Male Female

Camper T-Shirt Size (check one): S M L XL 2X 3X

Bunk Space Requested (check one): Tent Indoor Bottom Indoor Top Any OK

Minimum Supervision Ratio (camper:staff): 10:1 5:1 3:1 2:1 1:1

REGISTRATIONS RECEIVED AFTER JANUARY 1, 2018

REQUIRE A NON-REFUNDABLE REGISTRATION DEPOSIT OF \$232.25 TO COMPLETE THE REGISTRATION.

BALANCE OF JUNE, JULY AND AUGUST CAMP FEES ARE DUE IN FULL BY JUNE 1, 2018

SUMMER RESPITE IS AVAILABLE ONLY FOR JULY AT \$232.25 PER DAY/NIGHT

PARTIAL SCHOLARSHIPS ARE AVAILABLE DEPENDING ON NEED & AVAILABILITY OF FUNDING

APPLICATION IS REQUIRED

PLEASE CONTACT THE OFFICE FOR MORE INFO ON CAMPERSHIPS.

SENDING IN YOUR REGISTRATION FORM DOES NOT GUARANTEE CAMPER PLACEMENT.

Name of person completing this form: _____ Phone #: _____

Number of anticipating sessions attending: _____

Spring	Summer	Fall/Winter
Please number your top 3 choices using 1 as your first choice, 2 & 3.		
March 30-April 2 3:1 *Easter Camp	July 8-12 Horses Easter Seals Only	August 1-4 2:1
June 20-23 2:1 *Ages 25+	July 15-19 Horses Easter Seals Only	August 6-10 3:1 *Horses
June 25-29 3:1 *Horses	July 22-26 3:1 *Horses	August 13-17 5:1 *Horses
July 2-6 3:1	July 23-26 2:1 *Horses	August 20-24 5:1 *Horses
		October 26-29 3:1 *Harvest Camp
		November 21-25 5:1 *Civil War Camp
		December 24-26 5:1 *Christmas Camp

Camper's favorite activity at home: _____

Favorite activity away from home: _____

Other camps camper has or will attend: _____

How do you know the camper wants to attend UBC? _____

Mark Y (yes) or N (no) for the following questions:

Able to toilet self w/o cues or assistance?	Y	N	Uses eating utensils independently?	Y	N
Participates in a group environment?	Y	N	Communicates needs?	Y	N
Sleeps through night?	Y	N	Will sleep in room with others?	Y	N
Able to follow one or two part directions?	Y	N	Has Attended UBC in the past?	Y	N
Uses a CPAP?	Y	N	Has medications more than 2X daily?	Y	N
Behaviors that are injurious to self/others?	Y	N			

Please check all that apply:

Camper may participate in Swimming	Y	N	Camper may participate in Wading	Y	N
Camper may participate in Boating	Y	N	Camper may participate in Archery	Y	N
Camper may participate in Horseback Riding (Not offered at all sessions).				Y	N

General Comments/Expectations/Concerns:

Special Needs with regard to vision, hearing, mobility or communication:

Dietary Needs: (i.e. Gluten free, no dairy, no meat, diabetic diet):

Behavioral Supports needed:

Health changes since last attended UBC:

Please Explain: _____

Has living situation/caregiver or household address changed since last attending: Y N

PAYMENT INFORMATION

How will you pay for Camp?	Self-Pay	Brokerage	County DDS
Other (specify) _____			
Agency Name: _____		Agency Contact: _____	
Agency Phone: _____		Agency Email: _____	
Agency Fax: _____		Agency Address: _____	