PO Box 948, Walworth, WI 53184
262.275.5753 www.InspirationMinistries.org

Fall 2011 Respite Care Camp Registration Form

To register for respite camp(s), please fill out the form and send it **no later than 4 weeks before the first requested session**, with a $50 deposit for each week, to:
Respite Camps, Inspiration Ministries, PO Box 948, Walworth, WI 53184 **Thank you!**

New Camper _____ Returning Camper _____ Year last attended: _____

Name: _____

Group Home/Parent: _____

Address: _____

City, State, Zip: _____

Phone: (_____)_____ E-mail Address:_____

Funding Source: _____

Address: _____

City, State, Zip: _____

Gender: Male _____ Female _____ Age _____ Primary Disability: _____

Independence Level: No Assistance _____ Supervision Only _____ Some Assistance _____
More Assistance _____ Total Assistance (recommend caregiver) _____
Skilled Care (brittle diabetic, feeding tube, etc.) needed, please describe below

Any additional information we should know:

Please see the other side of this form for sessions and activities available and make your selections there.
Please fill out other side of form

8/2011

Fall 2011 Respite Care Camp Registration Form

Check In: Monday 1:30-3:30 pm **Check Out: Thursday 1:30-3:30 pm**

The registration process includes completing and submitting the following forms **no later than 2 weeks before the first requested session.** These forms are downloadable from our website.

Enrollment Form (annually) Health Certificate (annually) Release/Waiver

Returning all of these forms together is tremendously helpful to our registration and medical staff. Thank you for your help! If you have questions, please call 262.275.5753.

Please choose the week(s) and optional activities you would like to attend:

Respite Week 1 - Royal Oaks Apple Orchard* **October 3-6, 2011** **Cost: $330**
Bowling $10 Activity Cost: _____

Week Subtotal: _____

Respite Week 2 - Jelly Belly Factory* **Oct 31-Nov. 3, 2011** **Cost: $330**
Bowling $10 Activity Cost: _____

Week Subtotal: _____

Total Cost for weeks chosen _____

Total number of weeks selected: ____ x $50 deposit = _____ **Minus Deposit:** _____

Final Payment: _____

***Please note, we need a minimum of 15 campers to hold each respite session. If we do not have 15 campers for a week, we will cancel the week and refund your payment.**

Please make checks payable to Inspiration Ministries Camp
Mail to: Inspiration Ministries, PO Box 948, Walworth, WI 53184, Attention: Admissions Registrar

Please fill out the other side of the form