



HELLO CAMPERS!

Before You Arrive: Checklist

- ✓ Be sure to read over **ALL** of the information in this packet to make sure you and your camper have everything you need to have a great week at camp!
- ✓ Read the "Preparing your Child for Camp" handout and begin conversations with your campers about what they can expect at camp.
- ✓ Both you and your camper will need to read and agree to High Peak Camp's Dismissal Policy and Anti-Bullying policy, to help you camper under their role in helping to keep the camp bullying free

Please include a SIGNED copy of each of the following forms and bring them on the first day of camp. *This is in addition to the online registration forms.

- Camp Policies Agreement Form** This form provides written agreement from both camper and parent/guardian to abide by our included policies during the enrolled camp session.
- Medical Release for Treatment** This form gives consent for emergency medical or dental treatment, as well as permission for COVID Testing and Head Lice Treatment. Please be sure that the parent/guardian signature is signed at the bottom of the page.
- Copy of Immunization Records** Must be completed using an official Colorado state immunization form.
- Copy of Recent Physical** Physical must be within the last TWENTY-FOUR MONTHS.
- USDA Summer Food Service Eligibility Form** Please be sure to include your signature as parent/guardian.
- Sunscreen Policy** This form gives us permission to apply sunscreen to your child during their time at camp. If you are choosing to send your camper with their own sunscreen, be sure to label the bottle.
- Parent/Guardian Employment Verification** This form is required by the state and helps give us information on how to contact you if needed.
- Authorized Pickups List** This list is used if someone other than The Salvation Army unit the camper registered through arrives to pick them up. ANY time a camper leaves High Peak Camp outside of the normal departure, High Peak Camp will call and verify with you, their parent or guardian. This form is additionally used to verify who picks up a camper from the local Salvation Army corps/community center. Please note a photo ID is needed for anyone picking up a camper.



Camper Packing List:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Pillow | <input type="checkbox"/> T-Shirt (5) | <input type="checkbox"/> Long Pants (1+) |
| <input type="checkbox"/> Underwear & socks | <input type="checkbox"/> Pajamas | <input type="checkbox"/> Shorts (2+) | <input type="checkbox"/> Jacket or Sweatshirts |
| <input type="checkbox"/> 2 Pairs of shoes
(*Closed toed shoes are REQUIRED) | <input type="checkbox"/> Towel and Washcloth | <input type="checkbox"/> Toothpaste & Toothbrush | <input type="checkbox"/> Soap & Shampoo |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Chapstick | <input type="checkbox"/> Rain gear | <input type="checkbox"/> Hair Brush or Comb |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Bible, Notebook & Pen | <input type="checkbox"/> Plastic or Mesh Bag for dirty/wet items | <input type="checkbox"/> Water Bottle |
| <input type="checkbox"/> Medications (must be packed separately & labeled, EVERYTHING must have a doctor's note in order to be given to campers) | | | |

What NOT to Bring

High Peak Camp prohibits and is not responsible for loss, damage, or theft if any of the following items are brought to camp:

Cell phones, radios, walkie-talkies, tablets / computers, Ipods, video games (including handheld), personal sports equipment, clothing with slogans promoting: alcohol, sex, tobacco, drugs, profanity or death, fans that plug into an outlet, food, candy or gum.

PROHIBITED ITEMS

Bringing any of the following items may result in expulsion from the camp program:

Alcohol, tobacco, vapes, drugs, any type of smoking device, vehicles, matches or lighters, pets of any kind, knives, firearms, explosives, weapons of any kind, and all other similarly-related items are considered a high risk toward the health and safety of others.

****Please do not bring a cell phone - if you do, it will be locked up for safety and given back to the camper at the end of the week.***

HIGH PEAK CAMP PARENT INFORMATION

Dear High Peak Camp Parents,

On behalf of The Salvation Army Intermountain Division and High Peak Camp, we would like to thank you for registering your child (children) to attend High Peak Camp this summer! We want to make your child's experience at High Peak truly outstanding and spirit-filled. The information in this booklet will help you and your camper(s) prepare for summer camp.

Throughout the year, we have been working diligently to prepare for this summer. All our preparations and written procedures are based on Colorado State and Larimer County Health Department guidelines, the CDC, and the American Camp Association. Our goal is to create a loving and caring community for all the children who attend High Peak.

To adhere to the Salvation Army and High Peak Camp mission, we work hard to create a fun, welcoming, and friendly camp. We affirm differences, and we encourage spiritual growth. High Peak Camp's summer theme is HERE, based on Matthew 28:20 NIV. It is our hope and prayer that your camper(s) will have a wonderful time and that they'll have a blast celebrating the good news of Jesus!

Thank you for allowing us to serve you and your family!

In Christ,

The High Peak Team

OUR TEAM

Our staff members come from across the nation and from around the world. They help us to create a fun, caring, Christian environment for our campers. Potential staff must be at least 16 years of age, have typically completed one year of college, and must be active in a Christian organization or church. All staff members undergo an intensive screening, interview, and background check process before arriving at camp. Staff must complete an extensive 7-day staff training program designed to prepare them for their job at camp – to provide a successful experience for our campers.

TECH STUFF

High Peak Camp is a technology-free camp. We have found that phones, smartwatches, tablets, and computers only disconnect children further and prevent them from getting an authentic camp experience. To protect your child's possessions, we ask that you keep valuable possessions, activity equipment, and expensive clothing at home rather than allow your child to bring it with them to camp. Any technology your child does bring will be kept in the office until check-out day.

HEAD LICE

We understand the difficulties of head lice in a camp setting and are very cautious about preventing and doing all we can to keep lice out of our community. It's important to remember that head lice do not carry or spread disease – they're just a nuisance. Here are the precautions both High Peak Camp and The Salvation Army implement to help prevent lice:

- A Head lice check will be performed at the Salvation Army Corps before boarding the bus for camp. If head lice are found, the child will not be permitted to board the bus and attend camp.
- Upon arrival at High Peak Camp, campers will be rechecked for head lice. If head lice are found, High Peak Camp staff will treat the lice with an over the counter lice kit. In cases where we are not able to provide proper treatment, the child will be returned home with the Corps Officer or bus driver.
- If lice are detected during the camp session, High Peak Camp staff will treat the lice with an over the counter lice kit. If the lice infestation is severe, the camper may need to be sent home early.

To help us ensure that your child has the best camp experience and remain free from lice, please start performing a head lice check within five days of the camp start date. If any sign of head lice is found, please arrange for appropriate and immediate treatment and let us know that such treatment has taken place. If your child had head lice or was exposed to head lice within one week of their arrival to camp, please notify the Salvation Army Corps.

MEALS

Our professional kitchen staff serves delicious, kid-friendly meals and will work with you to accommodate your camper's dietary needs. There is always a hot item option for breakfast along with cereals, fruit, milk, and juice. For lunch and dinner, the main entrée is served along with vegetables or fruit. Typical meals include eggs, biscuits, and pancakes for breakfast, quesadillas, chicken nuggets, and grilled cheese for lunch, and spaghetti, hamburgers, and pizza for dinner. We can accommodate vegetarian, gluten-free, and lactose-free diets if noted on registration. Campers eat with their cabin groups during meals. A snack is served as part of the evening program and is usually something like pretzels, popcorn, or fruit.

****Please note that High Peak is not a peanut-free camp.**

CABIN AND CAMP CHORES

A significant benefit of the residential camp experience is that campers are given opportunities to learn to be responsible for themselves and their belongings. We ask campers to keep their cabins clean and tidy. Daily, campers and counselors will help sweep, pick up trash, and tidy bunk areas. In the dining hall, campers, and staff, will help set tables, help clear the table at the end of the meal, wipe down tables, and pick up trash.

TELEPHONE

If you have any questions about your camper or the camp experience while your child is at camp, please feel free to call High Peak. Your child is not accessible by phone unless it is an emergency. Please do not promise your child that he/she can call home as campers do not have access to the telephone. If you have additional questions not covered in this kit, please do not hesitate to contact us at 970-586-3311.

ADDITIONAL POLICIES

- Should there be reasonable or probable cause for the health and safety of all campers and staff, your camper may be asked to inventory his/her belongings in the presence of administrative staff.
- **Visitors** are permitted in camp ONLY WITH THE APPROVAL OF THE DIRECTOR. For the security of your child and others, we request advance notice for visits. All visitors are REQUIRED to check-in/out at the camp office and present a driver's license. All visitors must wear a visitor pass while on site.
- **Regarding friendships:** High Peak Camp emphasizes friendships at camp rather than "relationships," and we do not allow PDA (public/private displays of affection) that go beyond friendship. Campers will be dismissed for inappropriate sexual behavior.
- **Dress Code:** Nothing with slogans promoting alcohol, sex, tobacco, drugs, profanity, or death themes. Girls should not wear sports bras alone, tops too short to tuck in, short-shorts, or tight clothes. Guys do not go shirtless except when appropriate nor should their underwear ever show—no underwear style tank tops. Shoes, shirts, and pants/shorts are to be worn in the dining hall, as required by the Health Department. Sandals are permitted, but closed-toed shoes are required for some activities.
- **Graffiti:** We reserve the right to charge a fine or request actual clean-up for violation.
- **Discharging fire extinguishers** is very dangerous and illegal. A fine is charged for this act.

EMERGENCY/SICKNESS

High Peak Camp's Nurse's station is staffed 24 hours a day for medical situations. Our practice is to contact parents when there is concern about a camper's health or when a problem is not progressing as expected. In the event of an emergency or accident, parents or guardians will be contacted immediately. Only the Director, Salvation Army Officer, Assistant Director, or Nurse on Duty will make the phone call in the event of an emergency. If the camper is taken to a medical facility, your family's accident/health medical insurance will be billed, and you will be advised of and billed for any other medical expenses such as particular medication or supplies recommended by the physician. IF it is determined that a camper is to be sick for more than 24 hours, we will contact the parents or guardians to arrange pick up from camp.

DISMISSAL POLICY



Our camp and The Salvation Army is committed to providing all youth with a safe environment. We reserve the right to dismiss any camper for consistent behavior that makes it difficult or impossible for the staff to meet their needs. Also, if the behavior endangers their safety, other campers, or staff, High Peak Camp will dismiss a camper. Before the dismissal, administrative staff will attempt to contact a parent or legal guardian.

High Peak Camp has high but reasonable expectations about our camper's behavior. If a child's behavior becomes disruptive enough to disturb the experience of other campers, a decision will be made to remove the camper from our program.

Should a camper choose to misbehave repeatedly, the following action steps will take place;

1. **Verbal Warning**
2. **Second Warning:** Contact parent or guardian (Salvation Army Officers and Administrative staff will discuss the behavior with the parent).
3. **Third Warning:** Meeting with camper, cabin leader, camp director, Salvation Army Officer, parent/guardian. Discuss a behavior plan to put in place.

***The DYS and Camp Director have full discretion to decide if/when a camper will be dismissed from camp for the remainder of the camp session.**

*Physical violence of any kind will be grounds for **immediate dismissal** from camp programs, and a parent or guardian will be called to arrange pickup.*

***If a child is dismissed from camp and the parents or guardians are not available to pick up the camper, it is the responsibility of the Corps Officers to arrange transportation home for dismissed camper, following proper PTM guidelines.**



ANTI - BULLYING POLICY

Our camp and The Salvation Army is committed to providing all youth with a safe environment. Our organization camp community will not tolerate the mistreatment or abuse of one youth by another youth. Please take a moment to read through this policy with your camper to ensure they understand our policies and know when to talk to an adult about behaviors they experience or see.

In addition, our camp community will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take the necessary steps to eliminate such behavior including early dismissal from camp.

Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

Physical bullying – when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.

Verbal bullying – when someone uses their words to hurt another, such as by belittling or calling another hurtful names.

Nonverbal or relational bullying – when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.

Cyberbullying – the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:

- Sending mean, vulgar, or threatening messages or images;
- Posting sensitive, private information about another person;
- Pretending to be someone else in order to make that person look bad; and
- Intentionally excluding someone from an online group.
- Hazing – an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.
- Sexualized bullying – when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.

Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all youth, staff and volunteers. Our camp is committed to be a "Bully Free" zone. To ensure that your child has a fun and successful experience at camp, please help us by discussing this policy with your child prior to the start of camp. ****Disciplinary actions will be taking towards those partaking in bullying following the this packet.***

Praesidium, Inc. provides sample policies to assist in the prevention of organizational abuse. However, it must be noted that no system can guarantee prevention of abuse. When all policies are implemented and maintained, a risk for abuse continues to exist, as the problem of abuse is pervasive and no system to date can assure complete safety.

Accordingly, PRAESIDIUM, INC. MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE AND MERCHANTABILITY, REGARDING THE SUCCESS OR FAILURE OF THE PRAESIDIUM POLICIES IN PREVENTING OR REDUCING THE INCIDENCE OF ABUSE.



SOCIAL NETWORKING POLICY

We share the concerns of many families, schools, and camps regarding the dangers associated with young people's use of social networking websites. As you may know, the risks of social networking and blogging range from online sexual solicitation to cyber-bullying to damaging one's own reputation or job prospects by posting inappropriate information on personal pages.

In general, our camp views social networking, personal websites, and blogs positively, and respects the right of campers to use them as a medium of self expression. If a camper chooses to identify himself or herself as a camper at our camp on such internet venues, some readers of such websites or blogs may view the camper as a representative or spokesperson of the camp. In light of this possibility and as a condition of participation in the camp, we require that campers observe the following guidelines when referring to the camp, its programs, activities, campers, and employees in a blog or on a website:

- Campers must be respectful in all communication and blogs related to or referencing the camp, other campers, and camp employees.
- Campers must not use obscenities or vulgar language.
- Campers must not use blogs or personal websites to disparage the camp, other campers, or camp employees.
- Campers must not use blogs or personal websites to harass, bully, or intimidate other campers or camp employees.
- Behavior that constitutes harassment and bullying includes, but is not limited to, derogatory comments with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive comments; humiliating or demeaning comments; and threats to stalk, haze, or physically injure another person.
- Campers must not use blogs or personal websites to discuss engaging in behavior that is against camp policy including, but not limited to, the use of alcohol/drugs, and bullying.

High Peak Camp continues to develop policies designed to keep campers, employees, and our camp safe. Please review this policy with your camper and encourage him or her to inform you of any inappropriate posting by or about members of our camp community. Any camper in violation of any portion of this policy will be subject to immediate disciplinary action.

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CAMP POLICIES AGREEMENT



By signing this agreement, you acknowledge that both you and your camper have read, understood, and agree to comply with the provided policies outlined below:

- **What Not to Bring/ Prohibited**

Vapes, drugs, alcohol, matches, lighters, pets, knives, firearms, weapons of any kind, cell phone, computer, electronic items.

- **Dress Code**

- **Dismissal Policy**

Disciplinary actions will be taking should a camper choose to misbehave repeatedly throughout the camp session. Following the provided three warnings for behavior, the camper will be dismissed from camp and a parent or guardian will be called to arrange pick up.

- **Anti-Bullying Policy**

Disciplinary actions will be taking towards those partaking in any form of bullying following the Dismissal Policy included within this packet. Physical violence of any kind will be grounds for immediate dismissal from camp programs and a parent or guardian will be called to arrange pick up.

- **Social Networking Policy**

Campers must be respectful in all communication and blogs related to or referencing the camp, other campers, and camp employees. Camper must abstain from engaging in behavior that is against camp policy including, but not limited to, the use of alcohol/drugs, the use of obscenities or vulgar language, and bullying.

By signing below, you and your camper confirm that you understand and accept the terms and conditions outlined in the above agreements. Failure to comply will result in disciplinary action or immediate dismissal from camp.

Camper Signature _____

Print Camper Name _____

Parent/Guardian Signature _____

Print Parent/Guardian Name _____

**If a child is dismissed from camp a parent or guardian will be asked to pick up the camper. If a parent or guardian is not available to pick up the camper, it is the responsibility of the Corps Officers to arrange transportation home for dismissed camper, following proper PTM guidelines.*

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AUTHORIZATION FOR CONSENT TO EMERGENCY MEDICAL OR DENTAL CARE FOR MINOR CHILD AND COVID TESTING

Camper Last Name: _____ Camper First Name: _____

I, _____, being the person having legal custody of named minor applicant above hereby authorizes The Salvation Army, acting through any adult officer thereof, into whose care the said minor has been entrusted, in case of illness or injury, to hold my child at the camp under the care of the first aid attendant. In case of apparent serious sickness or injury, I wish to be notified and my child sent to a hospital or skilled medical aid called at once, for which I expect to pay the usual charge. I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under provision of the Dental Practice Act. I desire the Camp Staff to do for my child as they would for their own.

I GIVE PERMISSION for my child (named above) to attend camp. I will not hold The Salvation Army responsible for any accidents that may occur at camp, or to or from camp, I understand that all reasonable precautions for health and safety are taken, and participation in all camp activities is at the camper's own risk. I will be responsible for any medical expense incurred during the care of my child.

In the event that my child does present these symptoms, I give my consent for a COVID-19 test to be performed

YES NO

In the event that my child arrives at camp with Head Lice, I give my consent for a Head Lice Treatment to be performed.

YES NO

I give consent for certified drivers from The Salvation Army staff to transport my child to and from camp, and to medical services if necessary.

Signature: _____

(Parent of Legal Guardian)

Print Name: _____

Phone Number: _____ Date: _____

PHYSICAL EXAMINATION

Pursuant to Colorado State Child Care License Standard 7.711.31.D, all campers MUST present a statement confirming a physical examination, which has been performed within the preceding TWENTY FOUR MONTHS by a licensed physician or qualified, licensed nurse practitioner (CC). The camp has the right to refuse the admission of a child who has no statement from a physician or nurse practitioner.

Is the Physical Examination attached? YES NO

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LEVEL OF MEDICAL CARE AVAILABLE

We are unable to accommodate some special medical needs (including but not limited to epilepsy, insulin-dependent diabetes, spina bifida, etc.). Please contact your High Peak Camp at (970) 586-3311 if you are unsure if your child's needs would qualify as special needs.

CAMP ACTIVITIES THE CAMPER SHOULD BE EXEMPTED FOR HEALTH REASONS

Camp Activities include physical activity such as the ability to sit, walk, run, stand, bend, stoop, climb, kneel, and twist on an intermittent basis, the ability to grasp, push, pull objects, lift objects, and reach overhead, and requires the individual to be outside in a variety of weather conditions. A full list of activities are listed in the application. Please list any camp activities from which the camper should be exempted for health reasons:

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SUNSCREEN POLICY

Camper Last Name: _____ Camper First Name: _____

If necessary and/or preferred, parents should provide sunscreen for their child(ren) while at camp for camp staff to reapply throughout the week. The parent must label the sunscreen bottle with the child's name. If a parent chooses to not provide a specific brand of sunscreen, High Peak Camp staff will have sunscreen readily available for use. Additionally, parents may also encourage their child to wear a hat when playing outdoors. Please teach your child(ren) how to apply sunscreen correctly and talk with them about the importance of applying sunscreen.

As the parent or guardian of the above child, I give permission for the staff at High Peak Camp to apply a sunscreen product on my child, as specified below, when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arm and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

- I give permission to use any available sunscreen that High Peak Camp provides.
- Staff may use the sunscreen that I am providing with this form.
- Please do not apply sunscreen to the following areas of my child's body:

Signature: _____
(Parent of Legal Guardian)

Print Name: _____ Date: _____

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PARENT / GUARDIAN EMPLOYMENT VERIFICATION

Camper Last Name: _____ Camper First Name: _____

Parent/Guardian 1

Full Name: _____

Name of Employer: _____

Employer Phone Number: _____

Employer Address : _____

City, State, Zip: _____

Parent/Guardian 2

Full Name: _____

Name of Employer: _____

Employer Phone Number: _____

Employer Address : _____

City, State, Zip: _____

NO EMPLOYER? NO PROBLEM

Please check the box to the right if no parent/guardian for this camper is employed

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AUTHORIZED AND UNAUTHORIZED PICK UP PERSONS

High Peak Camp strives to do all we can to keep your camper(s) safe. As a part of that process, we will ONLY release a camper to a designated driver from The Salvation Army Unit you've sent your camper(s) from or to the people on this list. Regardless, we ALWAYS contact you prior to early dismissal and verify the identity of an authorized person via picture ID, making and keeping a copy of that ID on file.

Camper Last Name: _____ Camper First Name: _____

AUTHORIZED PICK UP PERSONS

Full Name: _____

Full Name: _____

Full Name: _____

Full Name: _____

Full Name: _____

UNAUTHORIZED PICK-UP PERSONS

The following list represents those people who will NEVER be allowed to pick up your child.

Full Name: _____

Full Name: _____

Full Name: _____

Full Name: _____

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LIABILITY RELEASE FORM – CHALLENGE COURSE, HIGH ROPES, CLIMBING TOWER

High Peak Camp uses Low Ropes, High Ropes and a Climbing Tower with various ages and abilities of campers. Most campers will use the low ropes area while only older campers will make use of the climbing tower and other elements. All campers must have a signed "Release Form" even though they may choose not to participate in the events at camp.

Release and Indemnification

The undersigned participant or parent/guardian acknowledge that The Salvation Army, as part of its recreational, physical and outdoor educational program at Camp High Peak in Estes Park, Colorado, has created a challenge course designed to enhance the coordination and physical condition of participants. The undersigned persons acknowledge further that The Salvation Army has taken reasonable precautions to assure that its education program will provide a safe experience for participants. The undersigned also acknowledge that the program requires physical exertion and strenuous effort - participants should be physically fit to participate in the program.

The undersigned also acknowledge that with particular reference to the climbing tower and high ropes course, participant will be wearing a harness as part of a safety system designed to mitigate injury from any fall. The undersigned persons acknowledge and agree that neither The Salvation Army nor any facilitator or employee of The Salvation Army shall be held liable for any occurrence in connection with the education programs that may result in injury or other damage to the undersigned participant, and the undersigned further agree to indemnify and hold harmless The Salvation Army and all persons associated with it from any claim by the undersigned participant or his/her family, estate or heirs arising out of participant's enrollment and participation in any recreational or educational program of The Salvation Army.

The undersigned persons further acknowledge that enrollment in The Salvation Army challenge course, recreational or outdoor educational program is entirely voluntary, and that in consideration of being able to enroll and participate in a course, the undersigned persons hereby assume all risks related to the course for any injury or damage to person or property that may result while the undersigned participant is enrolled in the course and the undersigned assume all risks connected with participation in the course, whether foreseen or unforeseen. Please call the Camp Administrator before signing if you have any questions or concerns.

Signatures are required before participant can partake in Challenge Course and/or Low Ropes Program

Camper Name:

Parent Signature:

FREQUENTLY ASKED QUESTIONS

Is High Peak an accredited camp?

High Peak is accredited by the American Camp Association (ACA). This means that High Peak submitted to a thorough (250 standards) review of its operation by the ACA, from staff qualifications and training to emergency management. The ACA collaborates with experts from the American Academy of Pediatrics, the American Red Cross, and other youth-serving agencies to ensure that current practices at High Peak reflect the most up-to-date, research-based standards in camp operation. At High Peak, we are committed to maintaining the highest levels of safety. We are also licensed with the state of Colorado, and are audited yearly to make sure we comply with state standards.

What medical information is REQUIRED?

All families are required to complete the Health History Form that is a part of the registration when they register. Campers **MUST** present proof of a physical that has taken place within the last 24 months (2 years) as well as provide a copy of their Immunization Records **using an official state of Colorado form**.

What are the cabins like?

All cabins are furnished with bunk beds. All the cabins have ceiling fans, screened windows, bathrooms, and showers.

What safety measures do you take at the waterfront?

The only waterfront activity offered at this time is fishing, which is closely monitored by all staff members on site. No swimming or boating is offered.

What sort of medical facilities do you have?

Our infirmary is staffed 24 hours a day by one of our registered nurses. They administer prescribed medications and provide routine medical care. A local doctor is available for consultation and to provide additional treatment. If needed, an ambulance and paramedics are just a few miles away. The local hospital is Estes Park Hospital, which is about 15 minutes from camp.

What camp rules should I review with my child before camp?

High Peak has high expectations for all campers and staff. Please review all policies included in this packet with your camper before arrival, specifically the following: what not to bring, the dismissal policy, anti-bullying policy, and the social networking policy.

Most importantly, please remind your camper to:

- *Have fun (get the most out of your camp experience)
- *Have Respect (for yourself, others, and personal property)
- *Be Safe (in all you do at camp)

If there is an emergency at camp or home, how do I get in touch with my child?

- ★ Personal emergencies: If any family needs to contact camp or their child because of a personal crisis, please contact your local Salvation Army Corps. The Salvation Army Officer will then contact High Peak Camp.
- ★ Emergency at Camp: In the unlikely event an emergency occurs that affects all camp, we will make every effort to provide information as soon as possible.
- ★ Any urgent email messages or phone calls will come from The Salvation Army Intermountain Division Headquarters located in Denver, CO.
- ★ Information may also be posted on our website. Go to www.highpeaktsa.org , look for any emergency information that will be posted on our homepage.
- ★ Finally, we may also contact you by phone, either by voice or text message. Please check your email, your cell phone, and our website before you call us.
- ★ National or Regional Emergency - The same as an Emergency at Camp.

Do I have to label ALL of my child's belongings?

PLEASE LABEL EVERYTHING with permanent markers or name labels. Make a list of what your child packed and give it to them to check off when they pack to go home.

Vapes, Drugs, Alcohol, Tobacco, and Fireworks

Camper use of illegal drugs, vapes, alcohol, tobacco, or fireworks of any kind is strictly prohibited and grounds for immediate dismissal without a refund. This includes the use of matches or lighters in a dangerous manner.

What are the grounds for dismissal from camp?

Any camper who poses a danger to themselves or others will have to leave camp. Additionally, a camper may be required to leave if he/she repeatedly interferes with the enjoyment of camp and prohibits other campers from enjoying camp.

Can I bring my pet to camp?

No pets are allowed with campers during their stay at camp, except those assisting persons with special needs. Pets brought on-site during registration and pick-up must be contained and on a leash.

Free and Reduced Price School Meal Application Instruction:

If you, or someone in your household receives **SNAP** (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or **FDPIR** (Food Distribution Program on Indian Reservations), follow the instructions listed below:

STEP 1: List all students first and last names. Optional: Provide date of birth and grade.

STEP 2: List a case number if you or someone in your household participates in SNAP, TANF or FDPIR

STEP 3: Skip.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying for a **Foster Child**, a student that qualifies for your district's **Head Start program** or is a **Runaway, Homeless or Migrant student**, follow the instructions listed below:

STEP 1: List all students first and last names. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip.

STEP 3: Skip.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

If you are applying based on income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

STEP 1: List all students first and last names. Optional: Provide date of birth and grade. Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip this part.

STEP 3:

A. Student Income: Report the combined gross income (before taxes and other deductions) for ALL students listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to "Sources of Income for Students at the bottom of this page.

B. All Other Household Members (including yourself): Print the name of each household member in the boxes marked "Names of Other Household Members." Do not include people who live with you but are not supported by your household's income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report Gross Income (total income before taxes and deductions) for each Household Member:

- o *Earnings from work:* example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income
- o *Income from Public Assistance/Child Support/Alimony:* See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from **any public assistance programs (do not include income from SNAP, TANF or FDPIR), child support or alimony.** For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.
- o *Pensions/Retirement/All Other Income:* See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Report total household members. The total must equal all names listed within the student and household members' fields.

Provide the last four of the Social Security Number (SSN), or "Check if no SSN". This information is not reported to anyone.

STEP 4: Sign the application. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the application.

Sources of Income to Report:

Sources of Income for Students:

Earnings from work
Social Security – Disability or Survivor's payments
Any other type of regularly received income

Earnings from Work:

Wages/salaries/tips
Strike benefits
Unemployment Compensation
Worker's Compensation
Net income from self-owned business or farm

Pensions/Retirement/All Other Income:

Pensions
Supplemental Security Income
Retirement Income
Veteran's benefits
Social Security
Disability benefits
Cash regularly withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from people not living in the household
Net royalties/annuities/rental income
Any other regularly received income, whether federally recognized or not must be reported

Public Assistance/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony payments
Child support payments
Social Security Benefits

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for food stamps
- Referrals to food pantries and free meals
- Get information on child and senior nutrition programs

Food Resource Hotline
CALL US 855-855-4626
STATEWIDE, TOLL-FREE
METRO DENVER 720-382-2920

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las estampillas de comida
- Derivaciones a bancos de comida y comidas gratis
- Obtenga información sobre programas de nutrición para niños y ancianos

Línea Directa de Recursos de Comidas
¡LLÁMENOS 855-855-4626
LÍNEA ESTATAL
METRO DENVER 720-382-2920

HUNGER FREE COLORADO HungerFreeColorado.org



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.

Visit coloradopeak.force.com to learn more.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.	
Application Type: <input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____ <input type="checkbox"/> Household Income Frequency - <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Categorical Eligibility - <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> TANF <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway/Head Start	Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12 Application Status: Approved - <input type="checkbox"/> Free <input type="checkbox"/> Reduced Denied - <input type="checkbox"/> Over Income Guidelines <input type="checkbox"/> Incomplete/Missing: Notes: _____
Determining Official Signature: _____ Approval/Denial Date: _____ Notification Sent: _____	

High Peak Camp 2024-2025 Solicitud del hogar para comida escolar gratuita y de precio reducido

Llene una solicitud por hogar. Por favor usa una pluma negra o azul (no lápiz).

PASO 1 Mencione a todos los estudiantes que asisten High Peak Camp (si necesita más espacios para nombres adicionales, adjunte otra hoja)

Nombre del estudiante	Inicial	Apellido del estudiante	Fecha de nacimiento				Grado	Niño de Head Start						
			M	D	A	A		Temp	Sin Hogar	Migrante				

Marque todas las que apliquen. Lea Cómo solicitar comida escolar gratuita y de precio reducido para más información.

PASO 2 Si algún miembro del hogar (incluido usted) actualmente recibe asistencia de cualquiera de los siguientes programas: SNAP, TANF o FDPIR enumeran el número de caso a continuación.

Programa de Asistencia Nutricional Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF/Colorado Works – Asistencia Básica en Efectivo o Asistencia Alternativa Estatal), o Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR). Provea el número de caso y vaya al Paso 4.

Número de caso SNAP:

Número de caso TANF:

Número de caso FDPIR:

PASO 3 Informe el ingreso de TODOS los miembros del hogar (omite este paso si proporcionó un número de caso en el PASO 2)

A. Ingresos del estudiante
 Por favor incluya el ingreso TOTAL, si alguno, recibido por los estudiantes mencionados antes.

Ingreso del estudiante: \$

¿Con qué frecuencia?
 Semanal Mens 2 Mes Anual

B. Todos los demás miembros del hogar (inclúyase a sí mismo)
 Escriba los nombres de todos los miembros del hogar que no mencionó en el Paso 1 (inclúyase a sí mismo) aun si no reciben ingresos. Por cada miembro del hogar mencionado, solo si reciben ingresos, informe el **TOTAL BRUTO** (ANTES DE IMPUESTOS Y DEDUCCIONES) por cada fuente redondeando los dólares (no centavos). Si no reciben ingresos de ninguna fuente, escriba '0'. Si escribe '0' o deja cualquier espacio en blanco, usted certifica que no tiene que informar ingresos.

Nombre de otros miembros del hogar (Nombre + apellido)	Ingresos del trabajo			Ingresos por otros medios			Ingresos por otros medios			¿Con qué frecuencia?		
	Sem	Mes	Anual	Sem	Mes	Anual	Sem	Mes	Anual	Sem	Mes	Anual
\$												
\$												
\$												
\$												

Total de miembros del hogar (estudiantes y adultos):

Últimos números del Seguro Social (SSN) del adulto que firma:

o marque 'NO SSN' SOLO si completó el Paso 3B. **Marque si no tiene SSN**

PASO 4 Información de contacto y firma del adulto. Envíe la solicitud firmada y completa a: 111 Salvation Lane, Estes Park, CO 80517

"Certifico (day mi palabra) que toda la información en esta solicitud es verdadera y que todos los ingresos fueron informados. Entiendo que esta información es proporcionada en relación con la recepción de fondos federales, y que los oficiales de la escuela pueden verificar (comprobar) la información. Soy consciente de que, si doy falsa información a propósito, mis hijos pueden perder los beneficios de comida, y yo podría ser procesado criminalmente conforme a las leyes estatales y federales."

Dirección postal o PO Box:

Apt o Lote:

Ciudad:

Código postal:

Dirección de correo electrónico:

Teléfono:

FIRMA del miembro adulto del hogar:

Nombre y apellido de la persona que firma en letra de imprenta:

Fecha de hoy:

PASO 5 Divulgación de información

La información proporcionada en esta solicitud será usada en conjunto con los programas educativos del estado y podrá ser compartida con las oficinas de Medicaid o el Programa Estatal de Seguro Médico para Niños (SCHIP) para inscribir a los niños en los programas mencionados. Además, si sus estudiantes califican para recibir comidas gratuitas o a precio reducido, esta información puede ser compartida con la escuela distrito con el propósito de examinar del pago de ciertos costos del programa de la escuela distrito que su hijo(a) podría estar obligado a pagar. No se le permite a la escuela distrito compartir su información con nadie más. Usted no está obligado a consentir a la divulgación de su información, esto no afectará el cumplimiento de los requisitos para recibir comidas escolares. Su información SERÁ compartida a menos que usted marque una de las casillas a continuación.

NO compartan mi información con ninguno de los programas

Medicaid/SCHIP

OPCIONAL Identidad racial y étnica de los niños

Tenemos que pedir información sobre la raza y etnia de sus hijos. Esta información es importante y nos ayuda a asegurarnos de que estamos sirviendo plenamente a nuestra comunidad. Responder a esta sección es opcional y no afecta el cumplimiento de su hijo con los requisitos para comida gratuita o de precio reducido.

- Etnica (marque una): Hispano o latino Ni hispano ni latino Negro o afroamericano Nativo de Hawái u otra isla del Pacífico Blanco
- Raza (marque una o más): Indio americano o nativo de Alaska Asiático

Podría también calificar para el Programa de Asistencia Nutricional Suplementaria. Vea más información a continuación.

NEED HELP BUYING GROCERIES?

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Food Resource Hotline

CALL US TODAY! STATEWIDE, TOLL-FREE: **855-855-4626** METRO DENVER: **720-382-2920**

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Línea Directa de Recursos de Comidas

¡LLAMENOS HOY! LINEA ESTATAL: **855-855-4626** METRO DENVER: **720-382-2920**

HUNGER FREE COLORADO HungerFreeColorado.org



Colorado PEAK es un servicio en línea para los residentes de Colorado para evaluar y solicitar programas de asistencia médica, de alimentos y dinero en efectivo.

Para conocer más, visite coloradopeak.force.com

La Ley Nacional de Comedores Escolares Richard B. Russell pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del miembro adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) u otra identificación FDPIR de su niño. Tampoco necesita indicar el número del SSN si el miembro adulto del hogar que firma la solicitud no lo tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

NO ESCRIBA DEBAJO DE ESTA LÍNEA. SOLO PARA USO DEL DISTRITO

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Application Type:
 Total Household Income: \$ _____ Household Size: _____
 Household Income Frequency - Weekly Bi-Weekly 2x/Month Monthly Annually

Categorical Eligibility - SNAP FDPIR TANF Foster Homeless/Migrant/Runaway/Head Start

Application Status:
 Approved - Free Reduced
 Denied - Over Income Guidelines Incomplete/Missing: _____

Notes: _____

Determining Official Signature: _____ Approval/Denial Date: _____ Notification Sent: _____