Dear Parents/Guardians,

Thank you for expressing an interest in [Insert name of camp]. Enclosed are the necessary applications and other pertinent information.

The dates for [Insert name of camp] 2001 are [Insert date(s) of camp]. This year’s camp will be held at [Insert name and location of camp facility]. We look forward to another great camp experience!

Following the instructions in this letter will help ensure that your child has the best possible chance of acceptance to [Insert name of camp].

1) **CAMP APPLICATION** – This form is the key to your child’s registration and is our primary resource to provide the best care for your child at camp. Please include as much detail as possible.

- **Camper Health form** - Pages 1 through 4 should be completed by the camper’s parent/guardian. This form must include a current photo of your child.
- **Parent’s Authorization form** - Pages 5 and 6 must be completed and signed for the application to be considered.
- **Asthma Camp Medical History and Physical Examination** – Pages 7 and 8 must be completed and signed by the child’s health care provider. It is your responsibility to ensure that your child’s health care provider completes and signs this form in a timely manner. It can either be submitted with the application or mailed directly by the clinic. Applications are not considered until all camp application forms are received. *Your child does not need to undergo a physical exam specifically for camp – but his/her doctor must verify that an exam has been performed within the last year.*
- **Campership Application and Criteria form** This 1 page form should be completed and signed by the camper’s parent/guardian if you are requesting a Campership for your child.

2) **CAMPER SELECTION PROCESS** - Our goal is to provide a full camp experience for children who may be unable to attend a mainstream camp because of their asthma. Therefore, children whose asthma is mild may be turned down in favor of a child whose asthma is more severe. All applications will be carefully considered. No applicant will be denied due to race, religion, gender or ethnic background.

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CAMPER SELECTION PROCESS (continued) –

All applications will be held until the deadline of ___ Insert application deadline ___. After this date, the ___ Insert name of camp ___ medical staff will review all of the completed applications and a determination of you child’s eligibility will be made. You should receive notification in the mail no later than ___ Insert notification date ___.

As the camp does not always fill up by the application deadline, applications made after ___ Insert application deadline ___ will also be considered but will not have priority over applications received earlier.

Please call us at ___ Insert registration phone number ___ if you have questions about submitting a late application.

3) COST OF CAMP AND FINANCIAL ASSISTANCE – The cost for ___ Insert name of camp ___ for the current year is ___ Insert cost of camp ___. No applicant will be turned down strictly due to an inability to pay all or part of the camp fee. If you need financial assistance, please complete the Campership Form and submit it along with your completed application. When the medical staff has reviewed your camp application and qualified your child for camp, the registration staff will contact you regarding the availability and amount of financial assistance.

THINGS TO REMEMBER

The application deadline is ___ Insert application deadline ___.

You will be notified by ___ Insert notification date ___ about your child’s status for camp.

The contact information for ___ Insert name of camp ___ registrations is:

   ___ Insert name of registration coordinator ___
   ___ Insert address of camp registration office ___
   ___ Phone number of camp registration office ___

We are glad you and your child are interested in asthma camp. If you have any questions about the forms or camp in general, please call the registration coordinator listed above. We look forward to another great year at camp!

Sincerely,

___ Insert Camp Coordinator Name ___

___ Insert Camp Coordinator Title ___