

**Family Retreat Registration Form – Please complete all Sections**

**SECTION 1 - Registrant Information**

Please Check/Highlight Retreat		<input type="radio"/> June 14-16 <input type="radio"/> July 26-28 <input type="radio"/> August 23-25		
<b>Parent or Caregiver Names</b>			<b>T-Shirt Size*</b>	<b>Tuition</b>
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$85.00</b>
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$85.00</b>
<b>Name of Other Adult- 18+</b>	<b>Age</b>	<b>Diagnosis (Please send proof of your eligibility)</b>	<b>T-Shirt Size</b>	
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$85.00</b>
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$85.00</b>
<b>Personal Care Assistant Name (if applicable)</b>			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$75.00</b>
<b>Child Name - Ages 0-17 Children ages 0-2 - free</b>	<b>Age</b>	<b>Diagnosis (Please send proof of your eligibility)</b>	<b>T-Shirt Size</b>	
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$65.00</b>
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$65.00</b>
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$65.00</b>
			<input type="radio"/> Adult Men's _____ <input type="radio"/> Youth _____	<b>\$65.00</b>
<b>*Please choose Adult Men's or Youth, then write or type in your size- S, M, L, XL, 2X, 3X, 4X on the line</b>			<b>TOTAL COST OF TUITION</b>	\$
<b>County of Residence</b>		<b>Does anyone require wheelchair accessibility?</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>Address</b>		<b>Home Phone</b>		
		<b>Cell Phone</b>		
		<b>Email</b>		
<b>Emergency Contact Information (someone who will not be attending the event)</b>				
<b>Name</b>		<b>Relationship</b>		
<b>Home Phone</b>		<b>Cell Phone</b>		

## SECTION 2 - Lodging

Hickory Hill Family Camping Resort offers discounted rates to campers with the Wellness GIFTS program for the weekend of the retreat they choose. Come early and stay late with the same discounted rates!

Accommodation Options	Fee per Night	Number of Nights	Please write in your arrival and departure dates.	Total
<b>Lodge (sleeps 8)*</b>	<b>\$178</b>			
<b>Cottage (sleeps 6)*</b>	<b>\$149</b>			
<b>Cabin (sleeps 4)*</b>	<b>\$104</b>			
<b>Electric, Water and Sewer Site</b>	<b>\$67</b>			
<b>Electric and Water Site</b>	<b>\$58</b>			
<b>Pet Fee- \$20.00 fee applies if you are bringing a pet. Please make sure you can provide pet's current rabies vaccination certificate.</b>				
*Hickory Hill Family Camping Resort requires a security deposit for lodging. If choosing a lodge, cottage, or cabin. <b>*Please see below*</b>			<b>TOTAL COST OF LODGING</b>	

### Security Deposit for Hickory Hill Lodging (different from the Wellness G.I.F.T.S. \$50 Deposit)

- The Hickory Hill Family Camping Resort requires a security deposit for Lodges (\$100), Cottages (\$100) and Camping Cabins (\$50). Deposits are payable by check or credit card and are shredded if no damage to the property occurs.
- Checks should be made out to **The Hickory Hill Family Camping Resort** and should be dated for your arrival date. If using a credit card for your security deposit with Hickory Hill Family Camping Resort, please provide the information below.
- **Checks will not be cashed and credit cards will not be charged** unless the security deposit is needed to pay for the cost of property damage or cleaning beyond routine services. If there are no concerns noted following unit inspection after check-out, your credit card information will be destroyed and checks will be shredded.
- The security deposit is an arrangement with The **Hickory Hill Family Camping Resort**. In the event that credit card charges are necessary to pay the security deposit, the transaction will be processed by The Hickory Hill Family Camping Resort.

<b>Name (as it appears on Credit Card)</b>		<b>Address</b>	
<b>Credit Card Number</b>			
<b>Expiration Date</b>		<b>Security Code</b>	

Check here if you are enclosing a check dated for the first day of the retreat



### SECTION 3 - Friday Night Dinner (optional)

On Friday night from 5pm - 6:30 pm, Wellness G.I.F.T.S. offers a dinner for families. All proceeds from this dinner go back to Wellness G.I.F.T.S. (all other meals included in tuition).

People	Number of Each	Cost Each	Total
Adult Dinner (18 +)		\$7.00	
Child Dinner (3-17)		\$6.50	
Toddlers (2 and under)		Free	
		<b>TOTAL COST OF DINNER</b>	

### SECTION 4 - Retreat Cost Summary

<b>Total Tuition from Section 1</b>	
<b>Total Accommodations From Section 2</b>	
<b>Pet Fee (if applicable) From Section 2</b>	
<b>Friday Night Dinner (if applicable) From Section 3</b>	
<b>Total Balance Due</b>	

- **A \$50 nonrefundable deposit** for Wellness GIFTS retreat is required to secure your place in the retreat. Please enclose a check or money order with your registration form for \$50 payable to Wellness GIFTS. The remaining balance is due one month before the date of the retreat.
- **Refunds, less the \$50 deposit**, will be given if the vacancy created by the cancellation can be filled prior to the event.

**Please email [director@wellnessgifts.org](mailto:director@wellnessgifts.org) if you would like to pay with a credit card.**

### SECTION 5 - Other Agencies

<b>Do you expect to receive funding from an organization to help pay for retreat costs?</b>		<input type="radio"/> Yes <input type="radio"/> No	
Please complete MSC information below			
<b>Agency Name</b>		<b>Coordinator's (SC) Name</b>	
<b>Agency Address</b>		<b>SC Phone</b>	
<b>Amount Expected</b>		<b>SC Email</b>	

☺ By providing this information, you are allowing Wellness G.I.F.T.S. and the agency and service coordinator or person in that service coordinator's place listed above to communicate for purposes of registration, invoicing, and billing related to Wellness G.I.F.T.S. camping retreats.

## SECTION 6 - Family Information

In an effort to better inform our volunteers who will be working with your child and family, please fill out the following as completely as possible.

Are there any dietary needs or food allergies that we should know about?

Are there any medical issues we should know about? (please include allergies other than food items)

Have you been here before? What are you and your children most looking forward to?

Do you have suggestions for communicating with your child?

Please explain any behaviors we can be prepared for on the left and explain how you or others have managed those behaviors in the past. For example, do you use a specific behavior plan, a unique parenting style/technique, reward systems, written schedules, etc.? If there is other information you would like us to know about your family, please describe below (please include **birthdays** that will happen during the retreat). Please use another sheet of paper if necessary.

**Behavior**

**Management and Triggers to Avoid or Watch for**

Behavior	Management and Triggers to Avoid or Watch for

## Registration Checklist

**Please use this checklist to ensure your registration is processed in a timely fashion so your family can attend the retreat you have chosen. Thank you!**

- ✓ All sections, sections 1-6, are completed **in full**.
- ✓ It is helpful if you send in a photo of your family with your registration so we can share with assistants who are assigned to your family.
- ✓ Any retreat participants who are eligible to receive services through OPWDD and who live in Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming or Yates counties, please include proof of your eligibility.

Acceptable documents include:

- Notice of Decision (NOD) for participation in the waiver program OR
- Letter of Enrollment in NYS Cares OR
- Acceptance letter for the OPWDD Care-at-Home Waivers III, IV, and VI OR
- Notice to those who received Comprehensive Medicaid Case Management (CMCM) that they will be receiving Medicaid Service Coordination (MSC)

***If the above bullet applies to you, complete the Scholarship Form and include with your Registration.***

- ✓ If you are bringing a pet, a copy of current rabies vaccination record is included.
- ✓ A deposit of \$50.00 for Wellness G.I.F.T.S. via check or money order is included (This will be cashed, see section 4)
- ✓ [Photo Permission](#) Signed (*See Below*)
- ✓ A deposit for lodging is included by filling out the credit card information or by including a check to Hickory Hill Family Camping Resort for the amount indicated in Lodging Section 2 and dated for your arrival to the retreat

## Photo Permission

I do hereby give Wellness G.I.F.T.S. permission to use photographs, videotapes, with or without audio, which may be taken while my child/ren and family are attending retreats for promotional, educational, or fundraising activities. I understand that these likenesses will be used to promote public awareness, understanding, and support of the Wellness G.I.F.T.S. program.

Signature:

Date:

\*If you do not wish to have your pictures taken, please do not attend group pictures and inform the photographers of your request. Thank you for your cooperation.