

Camp Villa Marie
June 8 – 12, 2026
7205 N 112th, Waverly, NE 68462

Please print or type entire application. Answer all questions accurately and completely. Send completed application and \$250.00 camp fee for residential campers or \$200.00 camp fee for day campers to: Sr. Jeanette Rerucha, 7205 N 112th, Waverly, NE 68462 **Deadline: April 30th.**
Space is limited to 20 campers on a first-come, first served basis.

Camper's Name: _____ **Nickname:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Alternate phone #** _____

T-Shirt Size: _____ **Circle one:** Adult Youth

Sex: Male Female **Age:** _____ **Date of Birth:** _____

For Catholics ONLY: Has your child made their First Holy Communion? _____

Parent/Guardian/Family Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____

Email: _____

Parent/Guardian/Family Contact Place of Employment: _____

Work Phone #: _____

Residential Facility's Name and Address (if applicable): _____

Family Contact Person: _____ **Relationship:** _____

Phone #: _____ **Emergency Contact Name:** _____

Day Phone #: _____ **Evening Phone #:** _____

Accidental/Medical Insurance Information

Medicaid #: _____

Medicare #: _____

Any additional coverage (name of insurance and policy #): _____

I recognize that neither Camp Villa Marie nor their staff will cover the cost of insurance or accept responsibility for injuries or illnesses arising from any preexisting conditions. I also recognize that any cost above coverage provided by Camp Villa Marie's insurance will be the responsibility of the camper's parents, guardian, or institution.

Signature of Parent/Guardian _____

Relationship to Applicant: _____ **Date:** _____

Camper Profile:

This information will be used to determine whether the applicant's needs can be met adequately at Camp Villa Marie. If the applicant is accepted, this information will be used by camp personnel in order to best meet the applicant's needs while at camp. Please openly and completely answer the questions. All information will remain confidential. Attach extra pages as needed to adequately answer the questions.

Health History:

1. Diagnosis (es): _____

2. Is there an accompanying diagnosis of cognitive impairment?

No Yes, level? _____

3. List any secondary health problems for which the applicant takes medication:

4. List any adaptive equipment or appliances used (wheelchair, braces, walker, etc.) and describe how dependent the applicant is on these devices. _____

5. What is the normal ratio needed to care for this applicant? _____

6. Has the applicant been recently exposed to or is he/she a carrier of a contagious disease (such as measles or COVID-19)? Yes No If yes, please describe:

8. Is the applicant a carrier of any blood borne disease such as HIV, Hepatitis B or C, etc.?

Yes No If yes, what treatment(s) has he/she received? _____

9. Is the applicant prone to heat or heat related illnesses? Yes No

If yes, please explain: _____

10. Does the applicant have seizures? Yes No

If yes, what is the applicant's status (active, controlled, etc.)? _____

Type of seizures: _____

Frequency: _____

Duration: _____

Date of last seizure: _____

Describe reaction/behavior before/during/after seizure: _____

When does the applicant need emergency medical care for seizures? _____

***Note:** In the event of continuous seizures, it is Camp Villa Marie's policy to take the camper to the hospital for medical attention unless otherwise instructed.

Medications:

- 1. Does the applicant take any medications? Yes No
- 2. How does the applicant take medication (chews, with or without liquids, etc.)?

*Please fill out the information or affix prescription labels on the medication sheet (page 6) included. Campers must be on a stable medication regiment and not in the process of changing medications or altering dose of current medications for at least one month prior to attending camp. Please call or e-mail if the camper changes medications.

Restrictions:

- 1. Has the applicant been hospitalized or treated in emergency room recently?
 Yes No If yes, please explain: _____

- 2. Are there any physical conditions, operations, or injuries which could restrict the applicant's camp activities? _____

- 3. Please check restricted areas: Water Activities Other _____

Swimming:

- 1. Does the applicant know how to swim? Yes No
- 2. Does the applicant require a life jacket in the pool? Yes No
If yes, please send a life jacket to camp, marked with the camper's name.

Speech, Language, and Communication:

- 1. Does the applicant understand what is said to him/her? Yes No
- 2. Does the applicant express his/her needs? Yes No
Please describe expressive communication (sounds, one word, phrases, gestures, sign language, etc.): _____

- 3. Does the applicant use any forms of augmentative communication device (i.e.: picture board, voice output, computer, iPad, Dynavox, etc.)? Yes No
If yes, please describe: _____

Behavior:

1. Has the applicant ever had a consistent behavior problem? Yes No
If yes, please describe: _____

2. Does the applicant get along well with others? Yes No
If no, please describe problems and remedies: _____

3. Is the applicant prone to wandering/running away? Yes No
4. Does the applicant have any ritualistic behaviors that we should know about?
 Yes No If yes, please describe: _____

Toileting:

1. Is the applicant independent with toileting? Yes No
If no, please describe toileting habits and assistance needed: _____

2. Does the applicant have any behavior/disruptive toileting habits? Yes No
If yes, please describe: _____

3. For girls: Is the applicant menstruating yet? Yes No
If yes, does she independently manage her menstrual care? Yes No
If no, please describe assistance needed: _____

Eating:

1. Can the applicant feed him/herself? Yes No
If applicant needs assistance, please explain: _____

2. Does the applicant use any adaptive eating equipment? Yes No
If yes, please describe: _____

*Please send this equipment with the applicant to camp.

3. List any dietary/food allergies: _____

4. If diabetic, please list dietary needs: _____

***Note:** Camp Villa Marie does not provide meals for special dietary restrictions with the exception of diabetic or food allergies (such as gluten intolerant); however, we do monitor portion sizes.

Sleeping:

1. Does the applicant have trouble sleeping? Yes No

If yes, please describe: _____

2. Is the applicant a restless sleeper? Yes No

3. Does the applicant sleepwalk? Yes No

Grooming and Bathing:

1. Please check any areas where the applicant needs assistance:

Dressing Showering Eyewear Brushing teeth Other _____

2. List steps that need to be taken when assisting the applicant in the checked areas:

Past Camp Villa Marie Experience:

1. Has the applicant attended Camp Villa Marie in the past? Yes No

If yes, when was the last year of attendance? _____

2. Was the applicant ever denied admission to the camp? Yes No

If yes, please explain: _____

Photographs may be taken of camp activities that may include your child. Do you give permission for such photographs to be used for promotional purposes for Villa Marie School? Yes No

Medication Sheet

****Please fill in all lines for each medication, OR affix prescription labels to this page for each medication. Make copies of this form and attach as needed for more medications.**

**** If your child suffers from allergies please send along the necessary medication so we will have it if they should need it**

*****If your child uses an inhaler, even infrequently, please send it with him or her to camp.**

Medication #1

Name of Drug: _____

Dosage: _____

Route: _____

Time of Day: _____

Medication #2

Name of Drug: _____

Dosage: _____

Route: _____

Time of Day: _____

Medication #3

Name of Drug: _____

Dosage: _____

Route: _____

Time of Day: _____

Medication #4

Name of Drug: _____

Dosage: _____

Route: _____

Time of Day: _____

Over the counter Medications

Please list what your child takes for Fever, Headache Etc.

Name of Drug: _____

Dosage: _____

Route: _____

Time of Day: _____

Name of Drug: _____

Dosage: _____

Route: _____

Time of Day: _____

Parent Signature

Date

To the Parent/Guardian:

Camp Villa Marie has instituted certain policies to help each camper derive the maximum benefit from his/her camping experience. Throughout the years, we have found by asking each parent/guardian to abide by the following policies, our mission is easily attained. We ask that you read the following closely and then sign the application if you are in full agreement with our policies.

1. We will follow all of the COVID-19 and other health-related protocols prescribed by the Lincoln-Lancaster Health Department that may be in effect at the time of camp.
2. Campers who are ill and/or have physical conditions that may be contagious to others are asked to refrain from attending the camp.
2. Campers who are ill or who become ill during camp, and/or have physical conditions that may be contagious to others will be sent home.
3. Campers who exhibit persistent behavior disorders towards themselves and/or others that put themselves, other campers, or staff at risk will be sent home.
4. Parents/guardians will keep the camp director notified of any changes in their address or telephone numbers and changes in their emergency contact person from now until the end of camp.
5. There is no visitor's day. Parents and guardians are encouraged to talk to the camp director, if there are any issues or concerns. No camper is permitted to leave camp at any time during the session except to visit medical facilities or participate in organized camp trips.

Your signature to this application indicates that you desire to cooperate with Camp Villa Marie and grants our staff your permission to carry out our policies and procedures as indicated.

Signature of Parent/Guardian: _____

Relationship to Applicant: _____ Date: _____

***Reminder:** Please include a check for the camp fee of \$250.00 for residential campers or \$200.00 for day campers. This fee covers the entire camping experience. **Application is considered complete when completed application and camp fee are received.** Financial assistance is available. Please indicate below if you are in need of financial assistance.

If you have any questions, please contact Sr. Jeanette at sr.jeanette-rerucha@cdolinc.net or call the school at 402-786-3625.

I would like financial assistance to cover the camp fee: _____ Yes _____ No

I am registering my child as a _____ **Residential Camper** _____ **Day Camper**

Deadline for registration is April 30th.

Space is limited to 20 campers

For Camp Villa Marie Use Only:	
_____	Application complete with all necessary signatures, med list, and information
_____	Application Number
_____	Date completed application and fee arrived
_____	Accepted _____ Denied
_____	Date acceptance letter mailed _____ Date denial letter mailed

Camp Villa Marie

MEDICAL AND ACTIVITIES RELEASE

I/We hereby consent to our child/children _____
(Name of child/children)
participating in the activities planned for Camp Villa Marie participants as identified in the Application materials. We understand that in the event of the illness or injury of _____,
(Name of child/children)
Camp Villa Marie will attempt to contact me/us. In the event of an emergency or if I/we cannot be reached, I/we hereby grant the Camp Villa Marie Director or her designee over the age of 19 authority to seek medical treatment for _____ pursuant to the following as allowed by Neb. Rev. Stat. 30-226:
(Name of child/children)

I/We _____ of _____, _____, do state that
(name) (city) (state)
I (we) are the parent(s) or legal guardian of _____,
(name) (date of birth)
who resides with me (us) at the above address. I (we) authorize Sister Jeanette Rerucha or her designee who is 19 years of age or older and resides at 6765 N. 112th St. in Waverly, Lancaster County, Nebraska to consent to medical, surgical, or dental treatment and diagnosis to be rendered to the above minor under the supervision and on the advice of any physician, surgeon, or dentist licensed to practice in the state of Nebraska.

Family doctor _____ Allergies _____
(name and phone number)

Medications currently taking _____

Date of last tetanus shot _____

Additional information important to treatment _____

Insurance policy _____
(name, address, and phone number) (policy number)

I/We further agree to indemnify and hold harmless Villa Marie School for any and all claims arising out of any accident, injury or illness to _____ while a participant in Camp Villa Marie.
(name of child)

I/We further understand that photographs may be taken of camp activities that may include _____
(name of child)
and consent that such photographs may be used for promotional purposes for Villa Marie School, unless I/we have indicated otherwise.

Date _____ Signature _____

STATE OF NEBRASKA)
) ss.

COUNTY OF _____)

On this _____ day of _____, 2026, before me, a Notary Public in and for said county and state, personally came _____, to me personally known to be the identical person whose name is affixed to the above Medical and Activities Release and acknowledged the execution of the same to be his/her/their voluntary act and deed.

WITNESS my hand and Notarial Seal the day and year last above written.

Notary Public

My Commission Expires:
_____/_____/_____.

CAMP SUPPLY LIST

*Villa Marie Home and School
for Exceptional Children*
7205 N. 112th Waverly, Nebraska 68462 (402) 786-3625

Here is a list of things your child will need. Please, CLEARLY LABEL all of your child's items. Thank you!

- Modest bathing suit (one-piece for girls)
- ear plugs or swimming goggles (if needed)
- swimming towel
- life jacket (if needed)
- two pair of comfortable shoes (in case one gets wet)
- pajamas, robe (if desired), slippers
- sleeping bag
- blanket—campers will sleep on top of the mattress pad, unless you request that we make a bed for your child.
- pillow
- small blanket or throw for movie night
- hat with a brim
- insect repellent
- sun screen (waterproof)
- sweater or jacket in case of rain/cold weather
- 5-6 pairs of shorts (walking length please!)
- 5-6 t-shirts/blouses/comfortable and modest tops with sleeves (no tank tops, crop tops, or halters, and writing/pictures on t-shirts must be appropriate)
- 5-6 pair socks
- underwear (bras, if necessary)
- sweat suit (for sleep-out)
- Toiletry items: toothpaste, toothbrush
 Soap or body wash (preferred)
 Deodorant, if needed
 comb, brush
 sanitary napkins (if needed)
 shampoo
- A favorite toy or “Security Blanket” if they would like to bring one
- Water bottle

We will not be able to do any laundry (except in emergencies), so make sure your child has sufficient clothing to last from Sunday night to Friday afternoon. Thank you!

Towels will be provided.

DO NOT send cell phones, radios, electronic games, alarm clocks, iPad, any electronics, etc., or any valuables with your child. MP3 players are okay.

Lost and found will be available for two weeks only!