



Helping Hands, Inc. is once again offering our summer residential/vacation camp for individuals with intellectual disabilities based at our property in Erma, New Jersey. All weeks are Shore weeks with a variety of camp activities such as music and art activities, visiting the boardwalk, etc.

Each participant may be registered for one week, to start. Should space allow, after May 1, 2025, we may confirm a second week for any individuals who are interested. On the entry slip below, please specify your date preferences. We will try to honor the first choice of as many individuals as possible, but that is not guaranteed.

Each week is open to participants age 18+. All weeks cost \$1400, which includes transportation, accommodations, and meals.

No slot is reserved until a \$50 deposit is paid *and* you have received official notification from Helping Hands. Upon acceptance, participants will be sent an application packet that **must** be returned to the HHI office no later than 14 days prior to your registered week. At that time you will receive an acceptance letter and a packing list.

For participants utilizing waiver funding: your deposit will be returned once the appropriate units are successfully billed after the completion of the camp week. Inform your Supports Coordinator that this year's cost will be five (5) units at \$280 per unit.

This popular program always has a waiting list of individuals. If full payment is not received or the waiver funding units are not available 14 days prior to your registered week, your reservation will be given to a participant on the waiting list. Prorated cancellation fees will be assessed beginning 14 days prior to the start of your registered week.

***We are accepting registration requests for returning participants beginning March 22, 2025 through April 12, 2025.
Registration for participants new to our program will begin April 21, 2025.***

Please return the form below to the Helping Hands office at 415 Hoffmansville Road, Bechtelsville, PA 19505
Have questions? Please email campprogram@helpinghandsinc.com or, if unable to email, call (610) 754-6491

Participant Name: _____

Contact Name: _____

Phone Number: _____

Email: _____

Indicate your 1st, 2nd, and 3rd choice of program weeks:

_____ Week 1: June 8 - 13

_____ Week 2: June 15 - 20

_____ Week 3: June 22 - 27

_____ Week 4: June 29 - July 4

_____ Week 5: July 6 - 11

_____ Week 6: July 20 - 25

_____ Week 7: July 27 - August 1

_____ Week 8: August 3 - 5

_____ Week 9: August 10 - 15

_____ Week 10: August 17 - 22

_____ Week 11: August 24 - 29

_____ Any Available

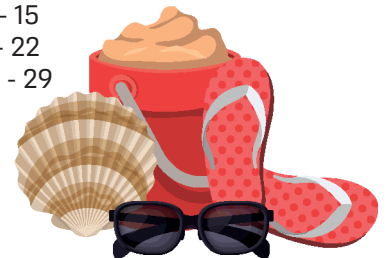
\$50 Deposit Paid:

_____ Check Payable to Helping Hands, Inc. Enclosed

_____ Cash Enclosed

_____ PayPal: Date Paid _____

_____ Other: Explain _____



How will the remaining program fee be funded?

_____ Private Pay

_____ Waiver Funding: Supports Coordinator Name/Number _____

_____ Other: Explain _____

Initials **I acknowledge that my reservation is not confirmed until my \$50 deposit is paid and I receive official notification from Helping Hands. By paying this deposit, I am agreeing to ensure the remaining funding is in place 14 days prior to the start of my program week or my reservation will be given to someone on the waiting list and the deposit will be retained as a donation to Helping Hands' summer recreational programming.**