



Helping Hands, Inc. is once again offering our summer residential/vacation camp for individuals with intellectual disabilities at our Erma, New Jersey location. All weeks will include fun community and home-based activities.

Each participant may be registered for one week, to start. Should space allow, after May 1, 2026, 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+. The fee for all weeks is \$1500. This will include transportation, accommodations, staffing, and meals.

**We are accepting registration requests for returning participants beginning March 23, 2026. Registration for participants new to our program will begin April 20, 2026.**

All slots will require a \$50 deposit, regardless of funding. Registration is confirmed once notification from Helping Hands, Inc is received.

**For participants utilizing waiver funding:** your deposit will be returned once the appropriate units are successfully billed after the completion of the camp week. Please inform your Supports Coordinator that this year's cost will be five (5) units at \$300 per unit and to update the plan for the current summer.

If full payment is not received or the waiver funding units are not available 14 days prior to your registered week, your reservation may 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.

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. Once this is reviewed, the participant will be sent an acceptance letter and a packing list.

Please return the form below to the Helping Hands office at 415 Hoffmansville Road, Bechtelsville, PA 19505  
Have questions? Please email [campprogram@helpinghandsinc.com](mailto: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 14-19

\_\_\_\_\_ Week 7: August 2-7

\_\_\_\_\_ Week 2: June 21-26

\_\_\_\_\_ Week 8: August 9-14

\_\_\_\_\_ Week 3: June 28-July3

\_\_\_\_\_ Week 9: August 16-21

\_\_\_\_\_ Week 4: July 5-10

\_\_\_\_\_ Week 10: August 23-28

\_\_\_\_\_ Week 5: July 19-24

\_\_\_\_\_ Any Available

\_\_\_\_\_ Week 6: July 26-31

**\$50 Deposit Paid:**

\_\_\_\_\_ Check Payable to Helping Hands, Inc. Enclosed

\_\_\_\_\_ Cash Enclosed

\_\_\_\_\_ Online at HelpingHandsInc.com: Date Paid \_\_\_\_\_

\_\_\_\_\_ Other: Explain \_\_\_\_\_

**How will the remaining program fee be funded?**

\_\_\_\_\_ Private Pay

\_\_\_\_\_ Waiver Funding: Supports Coordinator Name/Number \_\_\_\_\_

Supports Coordinator Email: \_\_\_\_\_

\_\_\_\_\_ 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.**