



Dear Agency Director,

The Board Members of The Joseph Toles Foundation eagerly anticipate that in a few short months we will be welcoming our campers to another season of Camp Resilience. We are determined to make this the best experience yet for our campers. In order to do this and make the transition to camp go smoothly, there is some important information we ask you to review:

- A physical exam form is enclosed which must be completed by each camper's health care provider. All medical information must be returned to the Joseph Toles Foundation by July 1, 2011 for campers attending this August.
- Campers who require medications need to have a health provider's prescription mailed to the Joseph Toles Foundation by July 1st. We will arrange for the medication to be filled prior to the start of camp.
- Please have campers bring changes of clothes, bathing suit, and sufficient underwear with them for the week they will be at camp.
- Twin size top and bottom sheets and a blanket need to be brought to camp. The temperature at night will be much cooler than at home.
- In case of emergency, or for other unexpected reason, please provide a contact name and number where a person responsible at home can be reached.

We appreciate your cooperation in ensuring a successful camping experience this summer. Please feel free to contact us with any additional questions or concerns.

Sincerely Yours,

The Joseph Toles Foundation



Dear Parent or Guardian,

Whether this is your first year, or you're coming back for a return visit, we welcome you and your camper to Camp Resilience! All of us involved with the Joseph Toles Foundation strive to make the week away an experience that is the summer's highlight for everyone involved.

An important aspect of successfully planning for camp is to ensure we have current medical information on all our campers. For this reason, we have enclosed a physical form which needs to be completed and signed by the camper's health care provider. Please note that it is necessary to have both pages of the form completed. Also, in the event that medications are used, the health provider should write out individual prescriptions for each medication needed during the time away at camp. Our health services staff will have the prescriptions filled so they will be ready for the camper's arrival on the first day.

Both the completed health forms and prescriptions should be mailed to the Joseph Toles Foundation at the address below. We ask that all forms be mailed to us by July 1st, 2011. If there are any questions or concerns this will allow us time to address those issues.

We thank you for your cooperation in completing this paper work. We all are looking forward to a very enjoyable camp experience this summer.

Sincerely,

The Joseph Toles Foundation

PO Box 331 Ridge, New York 11961

The Joseph Toles Foundation
PO Box 331
Ridge, NY 11961

HEALTH CERTIFICATE / APPRAISAL FORM

This form should be completed by the camper's health care provider and returned to the Joseph Toles Foundation by July 1, 2011

Name: _____ Date of Birth: _____
 School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:
 Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____ *Referral*

EXAM ENTIRELY NORMAL Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Please list all medications on reverse of form and **include physician's written prescription with completed physical**. Medications will be filled prior to camp by foundation's health care staff. No medications should be brought to camp by camper.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None
 Known or suspected disability: _____ Please monitor
 Restrictions: _____ Please monitor
 Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

I give permission for the medical staff at Camp Resilience to provide any of the following over the counter medications as directed to the camper if needed: acetaminophen, ibuprofen, Tums, and suntan lotion.

Yes____ No____

Provider's Signature: _____

Parent/Guardian Signature: _____

MEDICATIONS

Please print clearly all medications camper is currently taking and provide written prescription to be filled by Joseph Toles Foundation health staff prior to camp.

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

Special Instructions: (include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies, or any pre-existing conditions. Also describe situations when medication should not be administered)

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

Name of Registered Nurse (please print)
(for office use only)

Registered Nurse Signature
(for office use only)

Date Received from
(for office use only)



This summer The Joseph Toles Foundation will provide the opportunity for children in foster care to have a therapeutic camping experience where they are safe, respected and loved. Our innovative programs are designed for our campers to have fun, learn new skills, and leave with a profoundly strengthened spirit. We are proud of the Joseph Toles Foundation mission and vision.

Thank you for making the magic of

Camp Resilience possible.



Joseph Toles
President

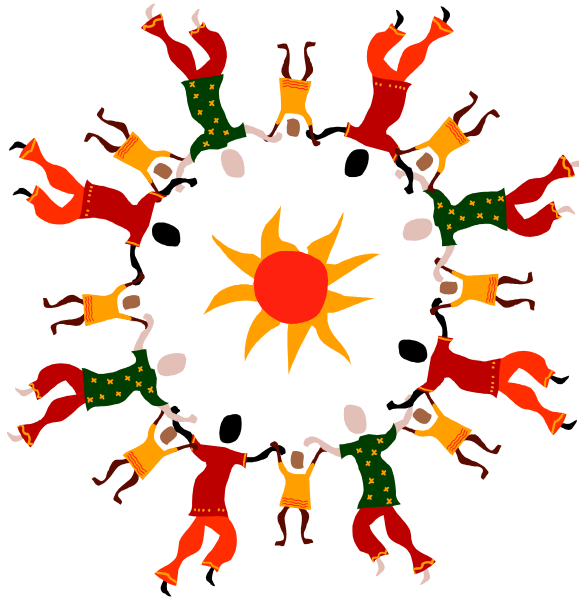
Camp Resilience

At Camp Mariah

The Fresh Air Fund's Sharpe Reservation

Fishkill, New York

Located in the Hudson Highlands



Telephone: 631-470-6062
917-532-8694 (cell)

Address: The Joseph Toles Foundation
PO Box 331
Ridge , NY 11961

Website: www.josephfolesfoundation.com
(Online registration)

Email: Ttolesconsulting@aol.com



Goals of Camp

- Increase self-confidence and self-esteem
- Foster appreciation and respect for individual differences
- Develop more responsible behavior
- Enhance communication skills
- Improve problem solving techniques
- Develop and improve trust in oneself, others, and groups
- Increase personal responsibility and social maturity
- Learn more cooperative behavior
- Participate in a variety of physical activities

Major Themes

- Teamwork
- Goal Setting
- Making a Difference
- Helping Relationships
- Up the Ladder – Taking a Stand
- Handle or Express Limits
- Expressing Care and Concern
- Balancing Act
- Sharing
- Mind and Body
- Adventure Education
- Obstacles to Success



Our Program

Our camp program includes swimming, theater, dance, arts & crafts, a ropes course, cooperative group activities and more. Our program areas have meshed the principles of Adventure Counseling, Play Therapy and Natural Helpers (a peer-helping program used across the United States) to assist participants in strengthening their coping and helping skills and teach them how to support themselves and others in their communities. Activities are designed to encourage young people to develop the following capabilities:

- navigate the paradoxes of adolescents, develop the capability to intervene effectively with troubled friends,
- choose positive ways of taking care of themselves
- improve their school and community.

Our program is designed to create enthusiasm, self-esteem, and joy, elements that are an important part of the healing/coping process.

Our camping environment enables participants to experience a sense of freedom from their dilemmas. Our staff of clinicians, family advocates, interning graduate students and professional volunteers participates in activities with campers, enabling the children to interact on an informal basis with responsible adults and build trust in others and themselves.

SUPPORT for **CHILDREN** living their lives in Foster Care



Our Campers

Each summer we propose to serve 100 + children living in foster care between the ages of eight and eighteen whose lives have been interrupted by placement into temporary care. With a professional staff that includes clinicians, family advocates, part-time summer staff, interning graduate students and volunteers, we make sure our campers acquire needed skills and feel more love and support than they have ever felt before.



- Belonging to a group can be an important step into the improvement of a child's self-esteem. Self-esteem of young people is improved when group interventions are activity oriented. We focus on the improvement of self-concept and interpersonal skills through structured activities that emphasize trust, goal setting, challenge/ stress, peak experiences, humor, and problem solving.
- Camp activities incorporate structured group tasks that focus on cooperation and increase campers' interpersonal skills and self-esteem which are important in the transition to new settings, allowing campers to belong and feel cared about by others. Counselors engage campers in cooperative learning activities that provide an environment where they participate freely while learning from and about each other.
- Children have a need to feel capable and successful. By engaging campers in novel, noncompetitive activities, which depend upon group interaction for completion, we will teach campers the tools they will find helpful for successful group experiences aiding in their high school transition. Activities are designed to improve campers' social skills and abilities to work together in order to successfully complete the activities.
- A successful child has a need to have power and influence over events and people. Skills such as cooperation, communication, problem solving, time management, and decision-making are learned and practiced at camp. We allow group members to become aware of the perspectives of others and incorporate this information into the decision-making process by working as a team. Activities foster caring, trust and tolerance that will increase pro-social skills and behaviors.

The elements are:

- **SELF**- Challenge yourself as an individual
- **PEOPLE**- Developing friendships, sharing, caring and understanding others
- **PRACTICAL**- Learning some skills that will help you through life
- **PHYSICAL**- Growing fit, healthy and strong



Many parents with children living in foster care realize the importance of teaching social skills. Yet today it is harder than ever to do so. First, the nature of foster care often makes it at least difficult to spend time working with these children. Unfortunately, that means less time for interpersonal activities.

In addition, social rules are changing swiftly. Rudeness seems rampant. Relationships are so confusing/difficult for children in foster care. How can we help?

PURPOSE: Children who have special needs often experience isolation because of their living situation. They face greater challenges in the area of social skills for many reasons including: unstable living situation, missed or misinterpreted peer communications, and delays/interruptions in relationship development. Even with partial stability, social circles are already formed, circles of friendship which the child in foster care may find difficult to enter. Children in care are often seen by teachers and peers as “coming into” the already established social situations as an “outsider,” as opposed to children in stable homes who “belong” in the community and “go out” for additional help or therapy.

The purpose of the camp experience is to facilitate the development of social skills including: making friends, being a friend, turn-taking, asking for help, initiating conversation, joining social groups, appropriate expression of feelings, recognizing and choosing appropriate behaviors, and “reading” other people. These skills are interwoven with pragmatic language skills.

STRATEGIES AND TECHNIQUES: Strategies include both discussion and activities. Skills are taught using modeling, role-play, exercises, games, stories, and written worksheets. Routine or ritualized activities, particularly at the beginning and end of each meeting, are used to provide structure to the group and to insure group cohesiveness.

The camping experience focuses on helping children develop personal skills that will increase awareness of personal feelings and the feelings of others, enhance self-esteem and improve their ability to interact in socially appropriate ways with peers and adults.

ANOTHER LEARNING EVENT SPONSORED BY:

The Joseph Toles Foundation

SEVEN DAYS

Monday, August 22 thru Sunday, August 28, 2011

On the Grounds of Camp Mariah @ Sharp Reservation in Fishkill, NY

ONE SESSION

boys & girls ages 8 - 18

all welcome

REGISTER EARLY

TUITION: Single camper rate (7 days) - includes room and board, camp shirt, and many other giveaways. \$500

Camp Resilience @ Camp Mariah @ Sharp Reservation offers you

- A 1:8 staff to camper ratio
- Certified high and low ropes instructors
- Emotional safety
- Adventure Based Counseling
- Water activities in our lake front with certified instructors
- Medical staff teaching importance of good nutrition and exercise
- Lifetime friendships
- An outstanding well trained staff
- Evening activities
- An excellent opportunity to learn about yourself and the impact you can make on others

Counselors working for The Joseph Toles Foundation are professional educators, mental health professionals, coaches or trained Natural Helpers. Facilitators are experienced with small and large group presentations.



***Camp Resilience
Camp Mariah @ Sharpe Reservation***

REGISTRATION FORM

I wish to enroll in Camp Resilience at Camp Mariah @ Sharpe Reservation held
August 22 – August 28, 2011

The Joseph Toles Foundation
PO Box 331
Ridge, New York 11961

(Please Print Neatly)

Name _____ DOB ____/____/____

Age _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Foster Care Agency _____

Signature of parent/guardian _____

Email Address _____

Questionnaire:

A. General Interests: Please circle Yes if you are interested in the activity and No if you have no interest in the activity.

1. Yes No Build things
2. Yes No Hammer nails
3. Yes No Watch construction
4. Yes No Fix a toy
5. Yes No Watch someone fix a TV
6. Yes No Understand how things work
7. Yes No Take things apart
8. Yes No Watch a science show
9. Yes No Look in a microscope
10. Yes No Mix things together to see what happens
11. Yes No Draw pictures
12. Yes No Listen to music
13. Yes No Make up a story
14. Yes No Play with clay or clay dough
15. Yes No Sing along with music
16. Yes No Talk with friends
17. Yes No Teach someone to read
18. Yes No Help others feel comfortable
19. Yes No Help sick people
20. Yes No Sell things to others
21. Yes No Be a group leader
22. Yes No Tell others what to do
23. Yes No Plan games for others
24. Yes No Add numbers
25. Yes No Count and sort things
26. Yes No Make charts

Camper Name: _____

Date of Birth: _____

Camp Resilience Camp Waiver

***Please return this form to The Joseph Toles Foundation,**

PO Box 331

Ridge, NY 11961

by July 1st. **NOTE: Camper will not be allowed at camp without this completed form.**

1. Release for Medical Treatment

Application **WILL NOT** be complete until this form is completed, signed and returned before camp starts. Since most of the campers attending camp are under 18 years of age, it is necessary that our staff have the permission to administer/secure treatment in the event of an accident or sudden illness. List any conditions that physicians should be aware of: _____

Treatment Authorization and Permission

I authorize Camp Resilience staff to administer immediate and emergency medical treatment, including transporting your child to a hospital emergency room or calling the local rescue squad or ambulance. 1) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.

2) Does the participant take any medication on a regular basis? ____ Yes ____ No

3) Will that medication need to be administered during program hours? ____ Yes ____ No

4) If yes, list medications and directions for taking the medicine. _____

Name of Emergency Contact : _____

Day Phone: _____ Night Phone: _____

I hereby authorize any medical treatment which may be advised or recommended by the attending physician or medical staff while at Camp Resilience.

Camper Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____ **Date:** _____

2. Insurance Coverage

Insurance Coverage for accidental injury is required by all participants.

Insurance Company Name: _____

Policy Number: _____

Release and Waiver of Liability

(PLEASE READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all known liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises.

I hereby state that I am the legal guardian of said child. I have read and fully understand the Release and Waiver of Liability Agreement and Release of All Claims.

Signature of Parent/Guardian: _____ **Date:** _____

Camper Name: _____

Date of Birth: _____

3. Student Code of Conduct

Disciplinary action may be imposed whenever a student commits or attempts to commit any act of misconduct at Camp Resilience, or at any activity, function, or event sponsored or supervised by The Joseph Toles Foundation, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.
3. Theft of property or services.
4. Intentional or willful and wanton destruction of property
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct which constitutes harassment or abuse that threatens the mental well-being health or safety of any individual.

Consequences include, but are not limited to, time out, notifying parents/guardian, and removal from the program for the safety and wellbeing of other campers.

*Disciplinary action may also be imposed whenever a student commits any acts of misconduct during an off-site event or activity.

BEHAVIOR CONTRACT We, the participant and the parent/guardian, understand and agree to abide by the Camp Resilience Code of Conduct. I acknowledge that we are fully aware of the consequences resulting from the violation of any of the guidelines and agree to comply with the Code of Conduct.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Camper Name: _____

Date of Birth: _____

4. Other

a) CAMP T-SHIRT (circle one)

Youth Sizes SM (5-6) MED (8-10) LG (12-14)

Adult Sizes SM MED LG XL

b) Photography Permission: By signing below, you are giving permission to use this participant's likeness in either photographic or video taped promotional materials.

If you wish to opt out, please initial here. _____

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____