



Fun, motivational and educational programs for children having diabetes.

DIABETES CAMP IS LOTS OF FUN
Registration is now open!

CAMP SEALE HARRIS JUNIOR & SENIOR CAMP...

We have many fun things for children with diabetes to do! A wide assortment of recreational activities may include swimming, tubing, horseback, canoeing, fishing, riflery, archery, sports and games, rappelling, arts and crafts, dances, zip-line rides, playground, and various evening program activities. Healthcare professionals are there to care for the campers and they provide daily sessions on diabetes education. For children with diabetes, ages 6 - 17 years.

Camp Seale Harris is an overnight camp that lasts about a week. It is located at Camp ASCCA on beautiful Lake Martin near Alexander City, AL.

CAMP SUGAR FALLS...

Summer day programs for children with diabetes that are 3 to 4 days long. Programs often include swimming, sports & games, arts & crafts and many other fun activities. Healthcare professionals provide daily sessions on diabetes education. For children with diabetes, ages 6 -15 years. A sibling or friend also in this age range may attend, depending on available space.

FAMILY WEEKENDS & FAMILY SUMMER CAMP...

Also held at Camp ASCCA where we do lots of fun activities! Parents learn from diabetes professionals who speak about what is important in the care of a child who lives with diabetes. While here, everyone enjoys fellowship with other families and volunteers who also live with diabetes, as well as the fun recreational activities. Have a great time while learning with your family at Camp Seale Harris!

Limited space available. Register today!

2010 Program Fees

Registration Processing Fee: \$ 25.00
(Required with your Registration for EACH program.)

<u>Program:</u>	<u>Program Fee:</u>
Spring Family Weekend - March 19-21	\$ 340.00
Family Summer Camp - June 1-4	\$ 500.00
Senior Camp (Age 12-17) - June 6 - 12	\$ 600.00
Junior Camp (Age 6-11) - June 13 - 18	\$ 600.00
Camp Sugar Falls -	
Birmingham - July 6 - 9	\$ 100.00
Dothan - June 22 - 25	\$ 75.00
Mobile - July 26 - 28	\$ 50.00
Fall Family Weekend - October 29 - 31	\$ 340.00

A Program Fee deposit equal to 1/2 of the Program Fee is due 30 days prior to the opening day of the camp session you or your child has registered for.

Financial Aid Tools

We want all children with diabetes to be able to attend our programs. Some families are not able to pay some or all of their fees. We encourage families who need financial help to consider the use of the Financial Aid Tools listed below. Please check our Web site or call (205) 402-0415 for details regarding these tools.

- **Scholarship Application** - SDES offers Scholarships for Camp Seale Harris, Camp Sugar Falls and our Family Community programs. Please contact us to request a scholarship application.
- **Camper Fundraising Campaign** - Many families like to use this Campaign to help pay Program Fees. Children who participate qualify the child for prizes!
- **Sponsor Packet** - You may contact sponsors from your community such as individuals, churches, civic organizations, businesses. They like to help!
- **Payment Plan** - Some families like to make weekly or monthly payments online, by mail, or by phone, toward your total Program Fees.
- **New Family Discount Coupon** - Call us or check our Web site for details about this discount coupon for brand new families attending Camp Seale Harris.

Southeastern Diabetes Education Services	
500 Chase Park South, Suite 104, Hoover, AL 35244	
Phone: 205-402-0415	Fax: 205-402-0416
E-mail: info@southeasterndiabetes	
www.southeasterndiabetes.org	

Southeastern Diabetes Education Services 2010 Program Registration

Please print clearly, complete ALL blanks, and return with non-refundable, non-transferable
\$25 Registration Processing fee per camp program as listed, payable and mail to:

SOUTHEASTERN DIABETES EDUCATION SERVICES, 500 Chase Park South, Suite 104, Hoover, AL 35244.

► Please check all programs you are registering for.

Family Camp Programs for 2010

- CSH Spring Family Weekend
- CSH Family Summer Camp
- CSH Fall Family Weekend

Children's Residential Programs

- CSH Junior Camp
- CSH Senior Camp

Children's Day Camp Programs

- Camp Sugar Falls - Birmingham
- Camp Sugar Falls - Dothan
- Camp Sugar Falls - Mobile

Community Programs

- City _____
- Winter _____
 - Spring _____
 - Summer _____
 - Fall _____
- (Call for fee information.)

Other _____

CHILD'S NAME (first) _____ (middle) _____ (last) _____ (_____) _____ HOME TELEPHONE _____

ADDRESS (street) _____ (city) _____ (state) _____ (zip code) _____ (county) _____

SEX _____ RACE _____ DATE OF BIRTH _____ YEAR DIAGNOSED _____ NEW CAMPER? _____ # PRIOR CAMPYEARS _____

FATHER'S NAME _____ ADDRESS (if different) _____ CELL PHONE _____

FATHER'S OCCUPATION _____ WORK TELEPHONE _____ FATHER'S EMAIL _____

MOTHER'S NAME _____ ADDRESS (if different) _____ CELL PHONE _____

MOTHER'S OCCUPATION _____ WORK TELEPHONE _____ MOTHER'S EMAIL _____

Please circle camper T-Shirt size - (Available for CSH Junior, Senior, & Family Summer Camp. And Camp Sugar Falls only)

Child's Small 6 - 8 Child's Medium 10- 12 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large Adult XXX-Large

How did you first hear of our organization? _____

List each additional family member that will be attending Family program, besides your child with diabetes, which is listed above.

Name	Gender	Race	Date of Birth	Diabetes Y /N	County (if different)	T-shirt size (Family Camp)
_____	_____	_____	____/____/____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____

Registration Processing Fee and/or Program Fees can be paid either by check or with your credit or debit card.

Please complete this section or call the Administrative Office at 205-402-0415 with your card information.

____ My check is enclosed. I wish to pay by: ____ VISA ____ MasterCard ____ American Express ____ Discover Amount: \$ _____

Name on Card _____ Card Number _____

Street _____ Card Expiration Date _____

City _____ State _____ Zip _____ 3-digit V-code from back of Card _____

Signature _____ (The bank card information in this box will not be part of the camp files and will be destroyed by our office as soon as payment has been confirmed by our bank.)