

## Barren Heights Retreat Application

Barren Heights provides FREE Family Enrichment Weekends to qualifying families. In order to hold your spot at the retreat, we require a \$50.00 refundable deposit (either by mailing a check with this application or using your credit or debit card online via PayPal). This reservation fee is due within 5 days of your application approval. The reservation fee is fully refunded after your stay or upon canceling 30 days in advance of your scheduled visit. Please call (502) 327-9495 with any questions you may have.

**Have you attended a Barren Heights Retreat before?** In an effort to serve as many families as possible, prior visitors are only welcome to apply for specific retreats designated for returning guests (BH2 Retreats). The deadline for these retreats is April 1 each year. Because of the overwhelming amount of applications for returning guests, cabin assignments are determined through a lottery draw. Returning guests can apply for regular scheduled retreats only when there are last minute cancellations or when a cabin remains available 15 days prior to the scheduled retreat.

**It is our policy not to accept applications for single-cabin accommodations for unmarried couples.** We believe that marriage is ordained by God as the exclusive covenantal union of one man and one woman. (Gen 1:28, Gen 2:24, Matt 19:4-6, Mark 10:6-8) Please contact us if you have any questions about this policy. It is our desire to rejuvenate and strengthen families. Therefore, we encourage husbands and wives to attend together.

General Application Information					
Have you attended a Barren Heights Retreat before?		<input type="checkbox"/> Yes, Date Attended: <input type="checkbox"/> No			
Date of Desired Weekend (for which you are applying):		Date of Alternate Weekend (for which you are applying):			
Family Name:			Address:		
Primary Contact:			City:		
Home Phone:	(            )                      -	State:		Zip code:	
Emergency Contact (Not Attending)					
First Name:			Last Name:		
Emergency Phone #1:	(            )                      -	Emergency Phone #2:	(            )                      -		
Referral Information					
How did you learn about Barren Heights?					
Family Experience					
Describe any prior camp experience.					
Describe your most recent vacation experience.					

**Family Members Attending**

Role	First Name	Last Name	Date of Birth	Email	Cell Phone
Husband/Father					(       )       -
Wife/Mother					(       )       -
Child #1					(       )       -
Child #2					(       )       -
Child #3					(       )       -
Child #4					(       )       -
Child #5					(       )       -
Husband/Father Employer/Occupation				Wife/Mother Employer/Occupation	

**Medical Information**

Role	Disability (if applicable)	Drug Allergies (Reactions/Complications)	Food Restrictions (Allergies/Special Requirements)	Medical Conditions (Considerations/Limitations)
Husband/Father				
Wife/Mother				
Child #1				
Child #2				
Child #3				
Child #4				
Child #5				

**Additional Information for Children with Developmental or Physical Disabilities**

Child's Name:		Medications:	
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How does your child's disability impact his/her activities of daily living?  
eating/drinking, mobility, ability to dress themselves, sleeping, bathroom needs, etc.?

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How does your child's disability impact your family on a day-to-day basis?

Please tell us about your child's communication abilities so we can better interact with him/her (hearing, vision, uses a board/system, difficult to understand, non-verbal, etc.).

Are there any special behavior concerns/limitations we should be aware of (warning signs for comfortability, emotional triggers, etc.)?

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### Insurance Information

Person who insures family:			Company Name if Group Insurance:		
Name of Insurance Company:			Insurance Phone:		
Policy #:			Address		
Medicaid #:			City		
			State		Zip code

### Mailing Address

Make checks payable to: Barren Heights. Mail application to Barren Heights, 11420 Watterson Court, #800, Louisville, KY 40299.