

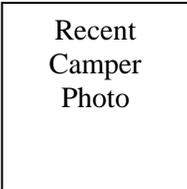


Easter Seals CO Summit Day Camp Application 2012

PO Box 1247 Frisco, CO 80443

Phone: 720 – 318 - 9527

Email: Summit@eastersealscolorado.org



Easter Seals Summit Day Camp is operated in accordance with the US Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, or national origin. Summit Day Camp is a program of Easter Seals Colorado. The following information is confidential. It is required to assist camp personnel in making the applicant's camp experience positive and more enjoyable. DEPOSIT of \$25 per daily session, Full payment is due prior to attending.

Summer Camp Sessions: _____

Camper's Last Name _____ **First Name** _____ **Middle Name** _____ **Gender** _____

Mailing Address for Camper: _____ City _____ State _____ Zip _____

Physical Address of Camper (if different than above) _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ E-Mail address: _____

Phone Number: Home (_____) _____ Work (_____) _____

Lives with: _____ Independently _____ Parents _____ Group Home _____ Host Home _____ Other (specify) _____

Parent Information

Parent Name: _____ Email: _____

Parent Address: _____

Day Phone #: _____ Evening Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Address of Employment: _____ City _____ State _____ Zip _____

Legal Guardian Information: _____ Self/Camper _____ Parent _____ Other (specify) _____

Legal Guardian's Name: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Day Phone #: _____ Evening Phone #: _____ Cell Phone #: _____

Legal Guardian Signature _____

Emergency Contact During Camp (other than above listed parent or guardian):

Name: _____ Relationship to camper: _____

Physical Address _____ City _____ State _____ Zip _____

Place of Employment _____ Emergency Phone # _____ Cell Phone #: _____

Address of Employment _____ City _____ State _____ Zip _____

Camper Name: _____

II. Nature of Disability (please check all that apply):

Primary Disability _____

Developmental Ability:

Cerebral Palsy (wheelchair)	Multiple Sclerosis	Psychosis
Cerebral Palsy (walks)	Hemiplegia	Learning Disability
Spina Bifida (wheelchair)	Autism	Dyslexia
Spina Bifida (walks)	Hemophilia	Mild Developmental Disability
Spinal Cord (quadriplegia)	Terminally Ill	Moderate Developmental Disability
Spinal Cord (paraplegic)	Seizure Disorder	Severe Developmental Disability
Hearing Impaired	Diabetes	Profound Developmental Disability
Visually Impaired	Down Syndrome	Normal Function
Muscular Dystrophy	Attention Deficit Disorder	Other: _____

III. Personal History

This information is **mandatory** and will be used to determine whether the applicant's needs can be met adequately at Easter Seals/Summit Day Camp. Please check the ratio of care required in each area for the applicant. **Camper :**

Counselor

Physically **1:1** **2:1** **3:1** **4:1**

Socially **1:1** **2:1** **3:1** **4:1**

EATING	No Assist	Partial Assist	Total assist		
DIET	Normal	Chopped	Blended/Pureed	Low Salt	Low Calorie
	Diabetic/# of Calories		Low Cholesterol	Low Fat	Other: _____

Does applicant have difficulties swallowing? Yes No

List problem foods or allergies: _____

HEARING	Normal	Hard of Hearing	Total Loss	
VISION	Normal	Legally Blind	Total Loss	Glasses/Contacts
SPEECH	Normal	Mildly Affected	Moderately Affected	Severely Affected
	Few Words	Nonverbal		
COMMUNICATION:	Normal	Sign Language	Communication Board	Aug. Comm. Device
	Gestures	Other: _____		

Does applicant understand what is said to him/her? Yes No

Can applicant express his/her needs? Yes No

Please explain:

Camper Name: _____

MOBILITY Walks Wheelchair (Manual) Wheelchair (Electric) Walker Scooter
 Crutches Cane Other: _____

Does camper independently operate wheelchair? Yes No

TRANSFERS

	No Assist	Transfer Type (Independent / Standby)	Total Assist	Two-Person	Hoyer	Other
ADAPT. DEVICES	None	AFO's/Night Braces	Prosthesis	Helmet	Hearing Aid	
	Dentures	Other _____				

TOILETING

Bladder Control:	No Assist	Partial Assist	Total Assist
Bowel Control:	Normal	Needs Reminders	Incontinent
Aids Used:	None	Urinal	Catheter (Indwelling Condom, Self)
	Toilet Chair	Diapers/Briefs	Ostomy
	Suppositories	Enema	Other: _____

List Toileting Schedule:

Specific Bowel Program: Please Describe:

Describe behavior related or disruptive toilet habits:

Does applicant menstruate? Yes No N/A

Does she care for her own tampons/pads? Yes No N/A

Does she experience cramps? Yes No Special instructions:

DRESSING No Assist Partial Assist Total Assist

If you marked "partial or total assist" please explain:

SOCIAL BACKGROUND

Has applicant ever attended Summit Day Camp? Yes No How many years?

Camper Name: _____

Has applicant ever attended another camp? Yes No Where?

Was applicant ever sent home or denied admission to camp? Yes No
If yes, please explain:

Has applicant ever been away from home? Yes No

What hobbies/activities does applicant enjoy during free time?

List any special behavior problems:

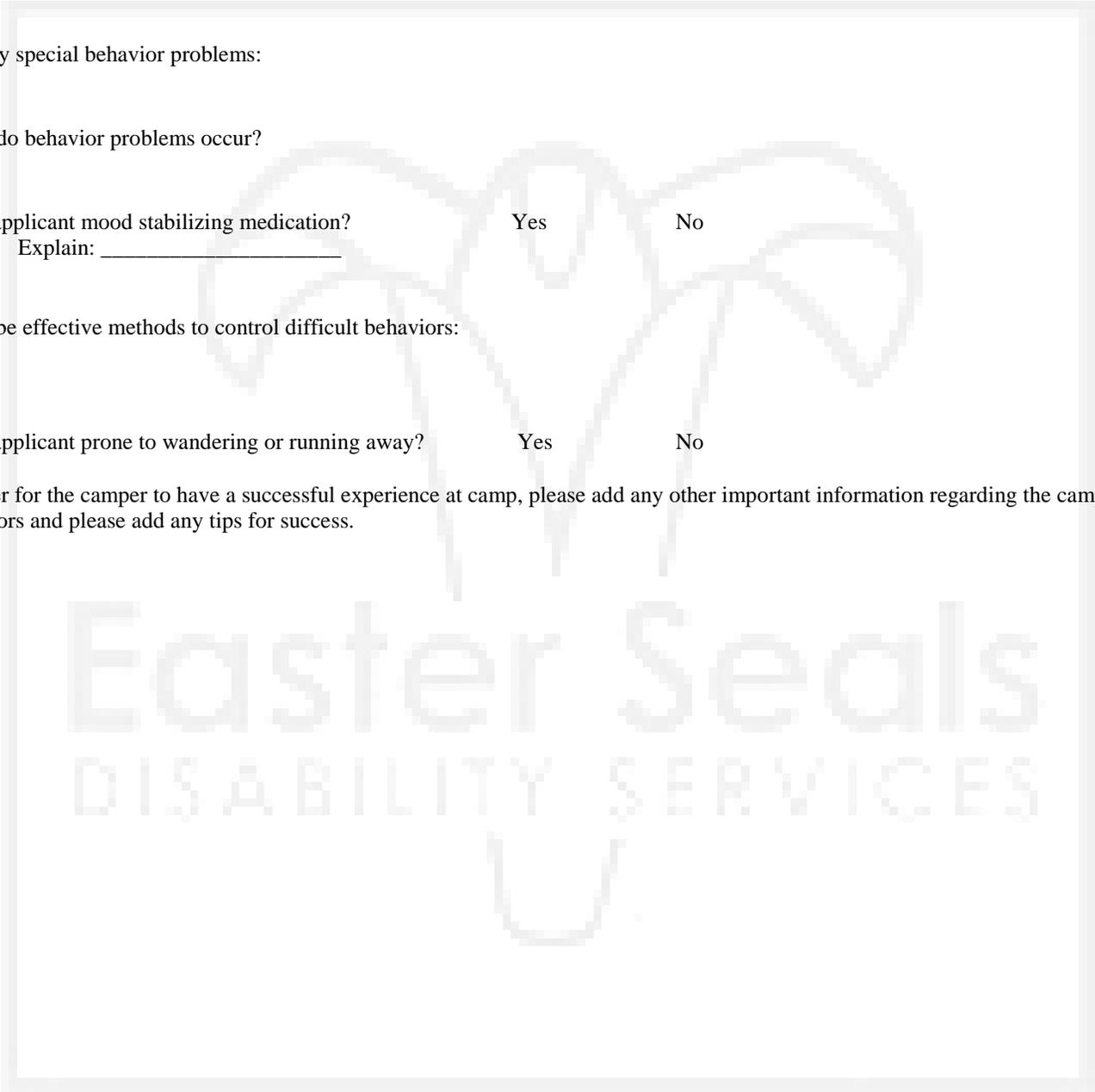
When do behavior problems occur?

Is the applicant mood stabilizing medication? Yes No
Explain: _____

Describe effective methods to control difficult behaviors:

Is the applicant prone to wandering or running away? Yes No

In order for the camper to have a successful experience at camp, please add any other important information regarding the camper's behaviors and please add any tips for success.



IV. Medical

Reminder: The enclosed Easter Seals Summit Day Camp medical form **must be reviewed and signed by a physician** and returned to the one week before the camper attends Summit Day Camp. If you do not have this form, please request one by calling 720 – 318 - 9527

Is the applicant covered by hospitalization insurance? Yes No

Carrier: _____ Policy/Group #: _____

Medicaid #: _____ Medicare #: _____

Please attach a copy of Insurance/Medicaid/Medicare card.

V. Health Information & Restrictions

SEIZURES Yes No Type _____ Frequency _____

Describe any warning or aura before a seizure: _____

Date of last seizure: _____ List medications used for seizures: _____

ALLERGIES (Please specify)

Does he/she experience anaphylaxis Yes No

EpiPen Yes No

ASTHMA Yes No Triggers: _____ Frequency: _____

Does he/she use inhaler: Yes No Other: _____

MEDICATIONS/MEDICAL DEVICES (Please List)

Please include any additional health information you feel would be helpful to the medical staff:

Camper Name: _____

VI. Medications at Camp: *Please review carefully.*

- All medications must be kept in original pharmacy labeled container.
- Please include a minimum of one pill in each prescription bottle.
- No medication will be administered without health care provider written authorization for prescription and non-prescription (over-the-counter) medication
- No homeopathic medication or herbal preparation will be administered
- Over-the-Counter ointments and creams (sunscreen, lip balm, skin creams) will not be applied without parent written permission
- **All changes to current prescriptions MUST be in writing with a doctor's signature. NO medications will be administered**
- **Authorization must include start and end date for the medication as well as the reason the medication is needed**
- Expired or discontinued medication will be returned to parental guardian
- Allergy and Anaphylaxis Action Care Plan will be submitted to camp medical staff with health care provider authorization
- Asthma Action Care Plan will be submitted to camp medical staff with health care provider authorization
- Please call (303) 569-2333 x 301 if you have any questions regarding our medication policies.



Bubble packaging by pharmacy

Medication cassette packaged at home

Must bring original prescription bottles.

VII. Agreement, Consent and Release

With the understanding that Easter Seals Colorado/ Summit Day Camp will make every reasonable effort to prevent accidents, injuries or other mishaps, I acknowledge the following:

- The undersigned agrees to indemnify and hold harmless Easter Seals Colorado – Summit Day Camp for any and all claims, demands, costs, expenses, including reasonable attorney's fees that Easter Seals Colorado/ Summit Day Camp may suffer as a result of any claim, action, demand or judgment against it arising from the attendance at camp by this applicant. Provided, however, that the above and foregoing shall not be construed to indemnify the Easter Seals Colorado/ Summit Day Camp from any act of negligence or fault on the part of Easter Seals Colorado, its officers, agents or employees.
- The undersigned does consent that photographs, video or motion pictures may be taken of the named applicant during the camp period, and that said photographs, video or motion pictures may be published in newspapers, magazines, television, web site, publicity releases and/or other media.
- The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. This medical care shall include, but is not limited to, examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc.
- The undersigned does hereby agree to allow participation of applicant in all camp activities (except those restricted).
- The undersigned gives permission for the applicant to ride in vehicles operated or leased by the Easter Seals Colorado – Summit Day Camp.
- The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health and safety at camp. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. Full camp fees are nonrefundable in case of above mentioned situations.
- The undersigned agrees to pay the full camp fee if the camper cancels one week or less prior to the check in day. This includes not arriving on check in day.
- The undersigned agrees not to send the applicant to Summit Day Camp if he or she has been exposed to a contagious disease within three (3) weeks of the starting date of camp, and to notify Camp Director if this situation arises.
- Weapons, pets, drugs and alcohol are not allowed at Summit Day Camp. An exception may be made for trained guide dogs for campers who require their services. The dog's owner assumes all responsibility for the care and actions of the dog. The dog must be free of disease and have a current rabies license or tag. Dogs that exhibit any behaviors that put Easter Seals' staff, campers or visitors at risk will not be permitted to remain. Costs to have the animal removed from the camp will be at the owner's expense. A copy of the dog's vaccines is required.
- If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person must present **written** authorization from the undersigned. I do hereby authorize to pick up camper. _____

(Name)

(Address)

(City)

(State)

(Zip)

Please list anyone in particular you do **NOT** want to pick up your child or adult. _____

____ Please check if this E-mail address may be used for newsletters, applications and other mailings by Easter Seals Colorado/Summit Day Camp. _____

(Email Address to be used)

In witness whereof I have hereunto executed this **Agreement, Consent & Release** on this date:

DATE _____

LEGAL SIGNATURE _____

Easter Seals Colorado is going green. If you would like to receive your camp application via email please check here.

Camper Name: _____

VIII. Financial Information

(This form must be filled out and returned by ALL Campers.)

Non-refundable registration fee: \$25 due with application. Cost: \$45 per day to be paid as specified below.

Payment Schedule:

- June attendance days and full payment is due no later than May 15, 2012.
- July attendance days and full payment is due no later than June 15, 2012.
- August attendance days and full payment is due no later than July 15, 2012.

Drop –In: Drop in rate is \$65 per day. Drop-In rules: Camper must have paid registration fee and submitted an accepted camp application prior to drop in. Drop in acceptance is at the discretion of the director and will be determined on staffing and space availability.

Camper's who cancel less than one week prior to camp, including those who do not arrive on check in day will be responsible for full camp payment.

Summer 2012 Fees

Deposit Fee:	\$25 per session
Summit Challenge Daily Fee:	\$45 per day

The Camper's fees will be paid by:

Parents Guardians Self Agency CCB Other: _____

The Camper's bill should be sent to:

Contact Person/Title: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Check the following that apply:

_____ I will pay the full camp fee. (Payment is due by the first day of camp)

_____ I will need partial campership assistance. (Please complete page 8)

_____ I will be partially/ fully funded by an Agency or CCB.

No refunds will be made if camper leaves camp because, behavior problems or is sent home by the camp director.

To pay by credit card, check one: Visa MasterCard

_____	_____	_____
Cardholder's Name (PRINT)	Account Number	Expiration Date

Cardholder's Signature: _____

Amount to be charged: _____ Billing Zip Code for Card: _____ CID # _____

(3 Digit Security Code on back of card)

Camper Name: _____

X. Demographics Information

This information will be compiled and used for reports to Easter Seals National, Foundations, and for Grant Applications. Actual camp costs are \$100/day per camper. To keep costs for each camper at the current rate, this information is needed to receive donations, contributions, and for grant purposes.

This information is in regards to the camper: (Please check the correct information).

Education:	Less than 12 yrs	Household Income:	Less than \$10,000
	High School grad or GED		\$10,000 - \$ 14,999
	Some College or Assoc. Degree		\$15,000 - \$ 24,999
Ethnicity:	Asian American		\$25,000 - \$34,999
	African American		\$35,000 - \$ 49,999
	Caucasian		\$50,000 - \$ 74,999
	Hispanic		\$75,000 - \$ 99,999
	Native American		\$100,000 - \$149,000
	Multiple Ethnicities		\$150,000 - \$199,999
			\$200,000 and above

Household count _____ (If the camper is in a group home or host home, only the camper's information is required. If the camper is still living at home, total household count and income is required.)

XI. Summit Camp Dates

Please check the following dates the camper will be attending Summit Day Camp:

June 6	<input type="checkbox"/>	\$45	June 7	<input type="checkbox"/>	\$45	June 8	<input type="checkbox"/>	\$45
June 13	<input type="checkbox"/>	\$45	June 14	<input type="checkbox"/>	\$45	June 15	<input type="checkbox"/>	\$45
June 20	<input type="checkbox"/>	\$45	June 21	<input type="checkbox"/>	\$45	June 22	<input type="checkbox"/>	\$45
June 27	<input type="checkbox"/>	\$45	June 28	<input type="checkbox"/>	\$45	June 29	<input type="checkbox"/>	\$45
July 5	<input type="checkbox"/>	\$45	July 6	<input type="checkbox"/>	\$45	July 11	<input type="checkbox"/>	\$45
July 12	<input type="checkbox"/>	\$45	July 13	<input type="checkbox"/>	\$45	July 18	<input type="checkbox"/>	\$45
July 19	<input type="checkbox"/>	\$45	July 20	<input type="checkbox"/>	\$45	July 25	<input type="checkbox"/>	\$45
July 26	<input type="checkbox"/>	\$45	July 27	<input type="checkbox"/>	\$45	August 1	<input type="checkbox"/>	\$45
August 2	<input type="checkbox"/>	\$45	August 3	<input type="checkbox"/>	\$45	August 8	<input type="checkbox"/>	\$45
August 9	<input type="checkbox"/>	\$45	August 10	<input type="checkbox"/>	\$45	August 15	<input type="checkbox"/>	\$45
August 16	<input type="checkbox"/>	\$45	August 17	<input type="checkbox"/>	\$45			

Camper will be attending all sessions listed above: _____ \$1,440

Camper Name: _____

Easter Seals Colorado Summit Day Camp

Program and Activity Consent Form

(Camper's Name)

(Camp Session)

I hereby acknowledge and agree that the above named camper will be participating in camping, recreational, and outdoor activities during the summer camp program at Easter Seals Summit Day Camp. I understand that instruction and participation will be tailored to meet the needs of those who have disabilities. I further understand and acknowledge that the above named camper may be participating in any, or all, of the activities listed below:

Please circle those activities the camper is **NOT** allowed to participate in. (See back of consent form for a brief description of the programs listed below.)

- | | |
|--------------------------|------------------|
| Fishing | On-Camp Campouts |
| Horseback Riding | Swimming |
| Leadership and Challenge | Zip Line |
| Recreation | Climbing Wall |
| Digital Arts & Media | Crafts |
| Off-Camp Day Trips | Horticulture |

OR

My Camper has no medical restrictions and may participate in all activities. _____

(Parent/Guardian Signature)

(Date)

Easter Seals – Summit Day Camp Description of Recreation Activities

- *Fishing:* Our fishing ponds are stocked by the Colorado Division of Fish and Wildlife. The upper pond has shore fishing and an accessible dock. Equipment is provided.
- *Horseback Riding:* Our riding program has a therapeutic emphasis. Campers ride one at a time with one person leading the horse and two people walking along side. If necessary a staff member will ride with the camper. All rides are conducted in our contained, fully accessible riding arena.
- *Swimming:* Our outdoor swimming pool is kept at 88 degrees, so it is very relaxing for many of our campers. Recreational activities are provided which include water aerobics, volleyball, basketball, free swim and relaxation. We also have a hot tub which is kept at 102 degrees.
- *Recreation:* Campers enjoy friendly competition in the outdoors by participating in a variety of games including kickball, softball, basketball, tennis, parachute games, relays, bowling, etc., with an emphasis on participation more than winning.
- *Digital Arts and Media:* Using computers and digital devices campers create digital photo albums, PowerPoint presentations and camp newsletters. Internet searches and email letters may also be included in activities.
- *On-Camp Campouts:* Campers will have the opportunity to sleep in tents, prepare meals on camp stoves and enjoy an intimate campfire. Campers will be supervised by counseling staff and remain on camp property.
- *Challenge and Leadership:* A series of initiative and team building games are provided using ropes activities attached to the ground. The activities provide opportunities for campers to develop or improve self-esteem, trust and decision-making skills.
- *Climbing Wall:* Using ropes, harnesses and a belay system campers can choose to climb three separate walls challenging all ability levels. Campers are also able to rappel from the top of the tower belayed by trained staff members. The wall is accessible to all ability levels. A safety belay system is used at all times.
- *Zip Line:* Using ropes, harnesses and a pulley system, campers are hoisted up to the top of a 30foot tower. Campers are able to either use their own body strength to ascend or be pulled up by trained staff members. A safety belay system is also used. Campers are then transferred to the zip line where they are able to zip down a cable approximately 300 feet to the dismount point.
- *Off-Camp Day Trips:* Trips may include, but are not limited to the following: hiking, fishing, swimming, mine tours, sports events and picnics. Interested campers sign up on a daily basis, and a lottery system is used to decide who will go on the trip.
- *Horticulture:* Campers will be hands on in learning about and assisting in planting and growing different vegetables, flowers and plants. Campers will learn about native vs. non-native species of plants and the importance of composting.

Please feel free to call 720 – 318 - 9527 if you have questions.