

**Cambridge Recreation Summer Program-Special Needs
Camp Rainbow
2012**

To Whom It May Concern:

The enclosed application is for Camp Rainbow 2012, for individuals with special needs.

Please complete in its entirety and mail to: Robert Goodwin, c/o DHSP, 51 Inman Street, Cambridge, MA 02139

This camp is inspected annually to comply with the regulations of the Massachusetts Department of Public Health (105CMR430.00).

Cambridge Recreation Summer Program-Special Needs Camp Rainbow 2012

Camp Rainbow is scheduled to begin on **JUNE 25**.

Applications are due no later than June 1, 2012

Applications are accepted on a first come first serve basis. A waiting list will be created after all available spots are filled.

- The fee for **full-day attendance** (9:00am-3:00pm) is \$50 per week.
- The fee for **half-day attendance** (12:30pm-3:00pm) is \$10 per week.

Please **include your payment with your application**. Payment for at least the first week must to be included with your application. Thereafter, payments can be made on each Friday for the upcoming week. Checks and money orders should be made out to: Department of Human Service Programs.

Transportation will be provided within the city of Cambridge, Ma. Information regarding pick up/drop off times and locations will be provided closer to the camp start date.

Applications submitted after June 1, 2012 are not guaranteed transportation.

Acceptance

The following is a list of materials that need to be included before your child can be accepted into Camp Rainbow:

_____ Completed Application

_____ Food Service Form

_____ Immunization Form (Please attach a copy of an up to date form)

_____ Application Fee (Please attach check)

CAMP RAINBOW
Application
2012

This camp is inspected annually to comply with the regulations of the Massachusetts Department of Public Health (105CMR430.00).

Camp Hours: Full Day: 9:00-3:00 Half Day: 12:30-3:00

Please ✓ week(s) and time slot you wish to enroll your child.

Week 1: 6/25-6/29/12

_____ Full Day

_____ Half Day

Week 4: 7/16/-7/20/12

_____ Full Day

_____ Half Day

Week 2: 7/2-7/6/12

_____ Full Day

_____ Half Day

Week 5: 7/23-7/27/12

_____ Full Day

_____ Half Day

Note: NO PROGRAM 7/4/12

Week 3: 7/9-7/13/12

_____ Full Day

_____ Half Day

Week 6: 7/30-8/3/12

_____ Full Day

_____ Half Day

Week 7: 8/6-8/8/10/12

_____ Full Day

_____ Half Day

Will your child be attending the OSE Summer Program in the morning?

Yes / No

Parent/Guardian Information

Parent/Guardian Name (1): _____

Address: _____

Relationship to Camper: _____

Home #: _____ Cell #: _____

Work #: _____

Best Daytime Phone Number: _____
where you can be reached during camp hours

Parent/Guardian Name (2): _____

Address: _____

Relationship to Camper: _____

Home #: _____ Cell #: _____

Work #: _____

Best Daytime Phone Number: _____
where you can be reached during camp hours

Emergency Contacts

These people should include adults with whom your child may be released to in your absence. This includes when the child is not met at the bus stop.

Contact Name (1): _____

Address: _____

Relationship to Camper: _____

Home #: _____ Cell #: _____

Work #: _____

Best Daytime Phone Number: _____
where you can be reached during camp hours

Contact Name (2): _____

Address: _____

Relationship to Camper: _____

Home #: _____ Cell #: _____

Work #: _____

Best Daytime Phone Number: _____
where you can be reached during camp hours

Camper Information

The more information we have, the better able we are to meet your child's specific needs.

Child's Name: _____

Date of Birth: _____ Age: _____ Male/Female

Current School: _____

Current Grade Level: _____

Please ✓ all that apply:

Diagnosis:

___ ADD or AD/HD

___ Aspergers

___ Downs Syndrome_

___ PDD

___ Autism

___ Developmental Delay

___ Mental Retardation

___ Cerebral Palsy

___ Learning Disabled

___ Emotional Disabilities

___ Behavioral Disabilities

___ PTSD

___ Physical Disability

(Please specify)

___ OTHER (Please specify)

My child is:

___ able to speak

___ unable to speak

___ able to state own name, address and phone number

___ aware of any allergies that he/she has

My child is able to:

___ get dressed on own

___ use self-care skills (brush hair, brush teeth etc...)

___ toilet independently

___ toilet with assistance

___ is not yet toilet trained

___ walk independently

___ walk with assistance (crutches, cane, walker)

___ needs a wheelchair

My child communicates using:

- _____ words
- _____ communication board
- _____ sign language
- _____ OTHERS (Please List) _____

My child's first language is:

- _____ English
- _____ Spanish
- _____ OTHER (Please list) _____
- _____ Creole
- _____ French

My child is afraid of:

- _____ being alone
 - _____ being yelled at
 - _____ dogs
 - _____ water
 - _____ the dark
 - _____ large groups
 - _____ bugs, bees
 - _____ thunder
 - _____ large noises
 - _____ cars, trucks
 - _____ OTHER (Please list)
-

Is there any other information that you feel is important for us to know about your child's individual needs?

Allergies

My child has the following allergies/medical conditions:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Does your child require an epi pen? Yes / No

Medication

Parents/guardians must hand deliver all medications (prescription and/or over the counter) to camp staff. All medication **MUST** be in original prescription bottles bearing original labels.

Medical Consent

I give permission for Camp Rainbow Staff to administer the following medication:

Name of Medication: _____

Prescribed by: _____

Prescribed to: _____

Signature of Parent/Guardian

Date

Medical Emergency

In the event of an emergency requiring medical attention, every effort will be made to contact the parent/ guardian. However, IF parent/guardian cannot be reached...

I, _____, authorize Camp Rainbow Staff to transport my child, _____, to the nearest hospital for emergency treatment.

Signature of Parent/Guardian

Date

Photography Release

Please ✓ your preference below:

_____ I do

_____ I do not

give permission for my child to be photographed for publicity purposes.

Signature of Parent/Guardian

Date

Activity Release

I, _____, give my permission for
_____ (child's name), to take part in
activities/field trips that are offered during camp hours.

Signature of Parent/Guardian

Date

Are there any activities that you **DO NOT** want your child to participate in?
Please List:

Additional Information

Please list any additional information you feel is important for Camp Rainbow Staff to know.

