



City of Cambridge Department of Human Service Programs

## Camp Rainbow Application 2024

March 2024

Dear Parents and Guardians,

It is time again for another summer at Camp Rainbow! We hope everyone had a great school year and is ready for another fun-filled summer. Once again, we will be providing in-person, quality programming to our incredible campers. We can't wait!

Enclosed please find the 2024 Camp Rainbow application. Please fill it out in detail and send it back as soon as possible. The information that you provide is necessary in order for us to fully understand and meet your child's needs. Applications are accepted on a first-come, first-serve basis. Once all slots are filled, a waiting list will be generated, which will also be on a first-come, first-serve basis.

**IMPORTANT: Please do not send in an application without a check.  
Applications cannot and will not be accepted without payment.**

Checks should be made out to: *Cambridge Recreation, Special Needs*

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

**Applications are due no later than June 3, 2024. Applications submitted after June 3, 2024 are not guaranteed transportation.**

**Location:** Camp Rainbow will be located at the Cambridge Street Upper School at 850 Cambridge St., Cambridge MA 02141

**Transportation:** Transportation will be provided for participants who live in Cambridge, MA. We do not provide door-to-door transportation.

**IEP Release Form:** Please fill out the City of Cambridge Department of Human Service Programs Information Release Form. This form is *very* important. We can only obtain this important information about your child if we have this form.

Please reach out if you have any questions regarding the application process.

Thank you!  
Erin Quinn, *Director*

Camp Phone Number: (617)-892-5478    Camp Email: [CampRainbow@cambridgema.gov](mailto:CampRainbow@cambridgema.gov)



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### About Camp Rainbow

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

Camp Rainbow is run through the Department of Human Services Recreation Division. **We service individuals with disabilities ages 6-22 who live in Cambridge.** Our camp provides a recreational experience, including outdoor activities, swimming, field trips, arts and crafts, and cooking activities. Camp Rainbow is now located at the **Cambridge Street Upper School** in Cambridge, MA.

### Program Information and Policies

During Summer 2024, Camp Rainbow will run for 6 weeks, from **Monday, July 8, 2024 to Friday, August 16, 2024**. Camp Rainbow offers full-day and half-day enrollment.

***Please note: half-day enrollment is only available for students who are enrolled in the Cambridge Public Schools Extended School Year Comprehensive Program and Services for the Summer of 2024.***

### Registration

Applications are accepted on a first come, first serve basis. Once all slots are filled, a waiting list will be generated, which will also be on a first come, first serve basis.

The application form attached should be filled out and dropped off or mailed to:

Camp Rainbow  
c/o Department of Human Services  
51 Inman Street  
Cambridge, MA 02139

### Payment

Payment for at least one week of camp is due at time of registration. A payment plan can be arranged with the director after the first payment is made. Checks or Money Orders should be made payable to: Cambridge Recreation, Special Needs. **If you have an outstanding balance with any Department of Human Service Program, your child's registration will not be accepted until all payments are made. Applications will not be processed without payment.**



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**IMPORTANT – PLEASE USE THIS CHECKLIST:**

The following materials **must** be submitted before your child will be accepted to Camp Rainbow. Please do not send in an application without a check. Applications **cannot and will not** be accepted without payment.

- \_\_\_\_\_ Completed Camp Rainbow Application (**ALL PAGES COMPLETE**)
- \_\_\_\_\_ Application Fee (please attach check or money order - your check will be returned to you if your child is not accepted to Camp Rainbow)
- \_\_\_\_\_ DHSP Information Release Form (attached form)
- \_\_\_\_\_ Photograph of your child (for security purposes)
- \_\_\_\_\_ Immunization Form (please attach a copy of an up-to-date form)

Checks should be made out to: *Cambridge Recreation, Special Needs*

Please contact Camp Director Erin Quinn at (617) 892-5478 or email Camp Rainbow at [CampRainbow@cambridgema.gov](mailto:CampRainbow@cambridgema.gov) if you have any questions.

**IMPORTANT INFORMATION REGARDING ENROLLMENT AT CAMP RAINBOW**

Full Day Enrollment is offered Week 1 through Week 6. Full day participants will be provided with transportation to and from Camp Rainbow within the City of Cambridge. The drop off/pick up location will be a shared location that is located close to the participant's home. Camp Rainbow **does not** provide door-to-door transportation.

Half-Day Enrollment is offered Weeks 1 through 4 for participants of the Cambridge Public Schools Extended School Year Comprehensive Program and Services **ONLY**. Camp Rainbow provides transportation for these participants from the school to camp and in the afternoon.

**Your child's application will not be processed until all required documents and first week's payment are submitted.**



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Please check off the week(s) you wish your child to participate in at Camp Rainbow during the 2024 Summer.

Participant's Name: \_\_\_\_\_

**Week 1: July 8<sup>th</sup> – July 12<sup>th</sup>**      \_\_\_\_\_ Full Day (\$50 Fee)      \_\_\_\_\_ Half Day (\$10 Fee)

**Week 2: July 15<sup>th</sup> – July 19<sup>th</sup>**      \_\_\_\_\_ Full Day (\$50 Fee)      \_\_\_\_\_ Half Day (\$10 Fee)

**Week 3: July 22<sup>nd</sup> – July 26<sup>th</sup>**      \_\_\_\_\_ Full Day (\$50 Fee)      \_\_\_\_\_ Half Day (\$10 Fee)

**Week 4: July 29<sup>th</sup> – Aug 2<sup>nd</sup>**      \_\_\_\_\_ Full Day (\$50 Fee)      \_\_\_\_\_ Half Day (\$10 Fee)

**Week 5: Aug 5<sup>th</sup> – Aug 9<sup>th</sup>**      \_\_\_\_\_ Full Day (\$50 Fee)

**Week 6: Aug 12<sup>th</sup> – Aug 16<sup>th</sup>**      \_\_\_\_\_ Full Day (\$50 Fee)

\*All checks/money orders should be made out to  
Cambridge Recreation, Special Needs

**Participant Information**

Child/Teen Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female/Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

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**Parent/Guardian #1:** \_\_\_\_\_

Relationship to child/teen: \_\_\_\_\_

Address: \_\_\_\_\_



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City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Parent/Guardian #2:** \_\_\_\_\_

Relationship to child/teen: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Participant Information Cont.**

Please tell us about your child. The more information we have, the better able we are to meet your child's specific needs. The following information helps us prepare for meeting your child's needs.

**Please check all that apply:**

*Diagnosis:*

\_\_\_\_\_ PTSD (Post Traumatic Stress Disorder)

\_\_\_\_\_ ADD/ADHD

\_\_\_\_\_ Intellectual Impairment

\_\_\_\_\_ PDD

\_\_\_\_\_ Down Syndrome

\_\_\_\_\_ Autism

\_\_\_\_\_ Physical Disabilities

\_\_\_\_\_ Nonverbal Learning Disability

\_\_\_\_\_ Learning Disabled

\_\_\_\_\_ Cerebral Palsy

\_\_\_\_\_ Fragile X

\_\_\_\_\_ Developmental Delay

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\_\_\_\_\_ Trisomy 9 \_\_\_\_\_ Behavioral Disabilities  
\_\_\_\_\_ Traumatic Brain Injury  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**My child is:**

\_\_\_\_\_ Able to speak  
\_\_\_\_\_ Able to state own name, address and phone number  
\_\_\_\_\_ Aware of any allergies that he/she has  
\_\_\_\_\_ Unable to speak

**My child is able to:**

\_\_\_\_\_ Get dressed on own  
\_\_\_\_\_ Use self-care skills (brush hair, brush teeth, etc....)  
\_\_\_\_\_ Use Toilet independently  
\_\_\_\_\_ Use Toilet with assistance  
\_\_\_\_\_ Is not yet toilet trained - *Where are they in the training process?*  
\_\_\_\_\_ Walk independently  
\_\_\_\_\_ Walk with assistance (crutches, cane, walker)  
\_\_\_\_\_ Needs a wheelchair  
\_\_\_\_\_ Swim independently  
\_\_\_\_\_ Swim with assistance

**My child communicates using:**

\_\_\_\_\_ Words \_\_\_\_\_ Sign Language  
\_\_\_\_\_ Communication Board \_\_\_\_\_ Other (please list) \_\_\_\_\_

**My child's first language is:**

\_\_\_\_\_ English \_\_\_\_\_ Creole  
\_\_\_\_\_ Spanish \_\_\_\_\_ French  
\_\_\_\_\_ Portuguese \_\_\_\_\_ Chinese  
\_\_\_\_\_ Other (please list) \_\_\_\_\_



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**My child is afraid of:**

\_\_\_\_\_ Being alone

\_\_\_\_\_ Being yelled at

\_\_\_\_\_ Dogs

\_\_\_\_\_ Water

\_\_\_\_\_ The dark

\_\_\_\_\_ Large groups

\_\_\_\_\_ Bugs, bees

\_\_\_\_\_ Thunder

\_\_\_\_\_ Loud 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?

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

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**Field Trip Permission**

I, \_\_\_\_\_ give my permission for  
Parent/Guardian

\_\_\_\_\_ to take part in activities and  
Participant's Name

field trips that are offered during camp hours but may not be at the camp site.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**Photography Release**

Please complete the following section:

\_\_\_\_\_ I do \_\_\_\_\_ I do **not**

give permission for my child to be photographed for publicity purposes. I acknowledge that publicity could include the use of our names and images in any slideshows, websites, social media, or articles submitted for publication or distribution.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*\*For safety and identification purposes, please attach a recent picture of your child.**

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**Transportation Needs**

Please complete the following section:

\_\_\_\_\_ My child would like Camp Rainbow bus transportation in the morning and afternoons

\_\_\_\_\_ My child **does not need** Camp Rainbow bus transportation in the morning and afternoons

**\*\*Camp Rainbow does not** provide door-to-door transportation. We appreciate your patience as application come in while we create a bus route with stops and approximate timing. Expect information regarding bus stop and timing closer to the beginning of camp.

**Emergency Contacts**

Please list 2 emergency contacts **other than yourself** for your child. These people should include adults with whom your child/teen may be released to in your absence.

1. Name: \_\_\_\_\_

Relationship to Child/Teen: \_\_\_\_\_

Address: \_\_\_\_\_





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Phone # where they can be reached during camp hours:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Child/Teen: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # where they can be reached during camp hours:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Medical Authorization and Consent**

Camp Rainbow makes every effort to keep all participants safe. In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian.

Participants Name: \_\_\_\_\_

If I (parent/guardian) cannot be reached, I authorize the staff from Camp Rainbow to transport my child to the nearest hospital for emergency treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE FILL OUT THIS FORM AND THE DHSP MEDICATION FORM IF YOUR CHILD REQUIRES MEDICATIONS TO BE TAKEN WHILE AT CAMP RAINBOW. PLEASE NOTE IF THESE FORMS ARE NOT FILLED OUT YOUR CHILD'S MEDICATION WILL NOT BE ADMINISTERED. PLEASE NOTE THAT ALL MEDICATIONS MUST BE IN THE ORIGINAL PERSCRIPTION BOTTLE BEARING THE ORIGINAL LABEL.**

**Parent/Guardian Consent for Medication Administration**

Name: \_\_\_\_\_



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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female/Other

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Telephone during program hours: \_\_\_\_\_

Please list all medications that the child/adult receives both at school and home:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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**Medication Consent**

I give permission for Erin Quinn, Camp Rainbow Director, and other trained staff at Camp Rainbow, to administer the following:

Medication(s): \_\_\_\_\_  
(Name of medication)

Prescribed by: \_\_\_\_\_  
(Licensed Physician)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*You MUST include a plan/policy for medication administration with written physician's instructions\***

**Allergy Alert—Highly Important**

Has this participant ever had an anaphylactic reaction? Yes or No

If the answer is no, the rest of this form does not need to be completed.

If the answer is yes, when was the last incident? (Approximate date) \_\_\_\_\_



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Was an Epi Pen used? Yes or No

Was the patient taken to the emergency room? \_\_\_\_\_

Please list specifically and in detail food allergies or any allergy that this participant is allergic to:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Symptoms/Signs/Signals: What are the specific things a staff member should look for if this person is having an allergic reaction? Please list below:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Does this participant have an Epi Pen? Yes or No

**If YES, we will need an Epi Pen either left with us at camp or one MUST be sent in each day. NO EXCEPTIONS!**



**City of Cambridge  
Department of Human Service Programs  
Information Release Form**

**For official  
use only:**

\_\_\_\_\_  
(PRINT Child's Name)

\_\_\_\_\_  
(Name of School)

**Please circle one: NEW STUDENT RETURNING STUDENT**

**I am applying for: (Please check all your program choice(s).)**



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