

Camp Rainbow Application 2025

City of Cambridge, Department of Human Service Programs

January 2025

Dear Parents and Guardians,

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

Enclosed please find the 2025 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 the needs of your child. 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** (9:00am-3:00pm) is \$50 per week.
- The fee for **half-day attendance** (12:30pm-3:00pm) is \$10 per week.

Applications are due no later than June 1, 2025. Applications submitted after June 1, 2025 are not guaranteed transportation. We encourage families to send in their applications as soon as they are complete.

Location: Camp Rainbow will be located at the Cambridge Street Upper School at 840 Cambridge St., Cambridge MA 02141

Transportation: Transportation will be provided for participants living within the City of 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

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 that live in the City of Cambridge.** We provide a recreational experience including outdoor activities, swimming, field trips, arts and crafts, and cooking activities. Camp Rainbow is located at the **Cambridge Street Upper School** in Cambridge, MA.

Program Information and Policies

Camp Rainbow Summer 2025 session will run from **Monday, July 7, 2025 to Friday, August 15, 2025**. Camp Rainbow will run for 6 weeks. Camp Rainbow offers full day and half day enrollment. *Please note that 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 2025.***

Registration Procedure

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

Payments

Payment for at least one week of camp is due at time of registration. A payment plan can be arranged with the director after 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 process without payment.

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 (<u>ALL PAGES COMPLETE</u>)
_____	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 give Erin Quinn a call if you have any questions about the application at (617) 892-5478 or email Camp Rainbow at cambridgecamprainbow@gmail.com

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.

Please check off the week(s) you wish your child to participate in at Camp Rainbow during the 2025 Summer.

Participant's Name: _____

Week 1: July 7th – July 11th _____ Full Day (\$50 Fee) _____ Half Day (\$10 Fee)

Week 2: July 14th – July 18th _____ Full Day (\$50 Fee) _____ Half Day (\$10 Fee)

Week 3: July 21nd – July 25th _____ Full Day (\$50 Fee) _____ Half Day (\$10 Fee)

Week 4: July 28th – Aug 1st _____ Full Day (\$50 Fee) _____ Half Day (\$10 Fee)

Week 5: Aug 4th – Aug 8th _____ Full Day (\$50 Fee)

Week 6: Aug 11th – Aug 15th _____ 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: _____

Parent/Guardian #1: _____

Relationship to child/teen: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email address: _____

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:

- | | |
|--|--|
| <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Intellectual Impairment | <input type="checkbox"/> PDD |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Nonverbal Learning Disability |
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Fragile X | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Trisomy 9 | <input type="checkbox"/> Behavioral Disabilities |
| <input type="checkbox"/> Traumatic Brain Injury | |
| <input type="checkbox"/> 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) _____

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?

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

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

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.**

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: _____

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: _____

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. _____

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) _____

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).)

Youth Centers

- ☐ Frisoli Pre-teen
- ☐ Frisoli MSP
- ☐ Gately Pre-teen
- ☐ Gately MSP
- ☐ Moses (Area IV) Pre-teen
- ☐ Moses (Area IV) MSP
- ☐ Russell Pre-teen
- ☐ Russell MSP

(MSP=Middle
School Partnership)

**Community
Schools (CS)**

- ☐ Amigos/CPort CS
- ☐ Elm Street CS
- ☐ Fitzgerald CS
- ☐ Fletcher Maynard CS
- ☐ Haggerty CS
- ☐ Harrington CS
- ☐ Kennedy CS
- ☐ King CS
- ☐ Linnaean CS
- ☐ Longfellow CS
- ☐ Morse CS
- ☐ Tobin CS

Afterschool Childcare

- ☐ Fletcher Maynard K-3
- ☐ King K-2
- ☐ King 2-5
- ☐ Morse K-2
- ☐ Morse 3-5
- ☐ Peabody K-2
- ☐ Peabody 2-5

☐ **King Open
Extended Day
(KOED)**

Preschool Childcare

- ☐ East Cambridge
- ☐ Haggerty
- ☐ King Open
- ☐ M. L. King
- ☐ Morse
- ☐ Peabody

Recreation

- ☐ Camp Rainbow
- ☐ The Cambridge Prgm
- ☐ War Memorial Prgms

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

I decline authorization: _____ **Date:** _____

PERMISSION TO OBTAIN STUDENT RECORDS

(IEP, 504 Plan, behavior plans)

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____

I decline authorization: _____ **Date:** _____

Revised 2/15