

Camp Rainbow

City of Cambridge, Department of Human Service Programs

April 2018

Dear Parents and Guardians,

It is time again for another summer at Camp Rainbow! Enclosed please find the 2018 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** (9:00am-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 3, 2018. Applications submitted after June 3, 2018 are not guaranteed transportation.

Location: Camp Rainbow is located at 40 Granite Street, Cambridge, MA at the Morse Elementary School. This is right along Memorial Drive.

Staff: Most of our dedicated staff will be returning to Camp Rainbow this summer!

Transportation: Transportation will be provided for participants living within the City of Cambridge, MA. Please note that if your child will be attending the Cambridge Public Schools Extended School Year Comprehensive Program in the morning at the King School, Camp Rainbow only provides transportation in the afternoon.

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 accept this form in order to obtain information about your child.

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

Thank you!

Vladimir Pierre

Recreation Activities Coordinator

vpierre@cambridgema.gov

Camp Phone Number:(617)-349-6228 Camp Email: cambridgecampainbow@gmail.com

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 Morse School in Cambridge, MA.

Program Information and Policies

Camp Rainbow Summer 2018 session will run from Monday, July 2, 2018 to Friday, August 17, 2018. 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 2018 (program dates June 28th - August 2nd).

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 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:

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
 - _____ Immunization Form (please attach a copy of an up to date form)
 - _____ DHSP Information Release Form (see attached)
 - _____ Application Fee (please attach check or money order - your check will be returned to you if your child is not accepted to Camp Rainbow)
 - _____ Medical Authorization and Consent
 - _____ Photograph of your child (for security purposes)
- Checks should be made out to: *Cambridge Recreation, Special Needs*

Please give Vladimir Pierre a call if you have any questions about the application at (617) 349 6228 or email Camp Rainbow at cambridgecamprainbow@gmail.com

IMPORTANT INFORMATION REGARDING ENROLLMENT AT CAMP RAINBOW

Full Day Enrollment is offered Week 1 through Week 7. Full day participants will be provided with transportation to and from Camp Rainbow within the City of Cambridge.

Half-Day Enrollment is offered Weeks 1 through 5 for participants of the Cambridge Public Schools Extended School Year Comprehensive Program and Services ONLY (program dates June 28th - August 2nd). Camp Rainbow only provides transportation for these participants in the afternoon.

Please note that campers enrolled in the CPS Extended School Year Comprehensive Program and Services will begin at Camp Rainbow on July 2nd.

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

Please check off the week(s) you wish your child to participate in at Camp Rainbow during the 2018 summer.

Participant's Name: _____

Week 1: July 2nd - July 6th _____ Full Day (\$50 Fee) _____ (\$10 Fee)

*Campers enrolled at CPS Extended School Year Comprehensive Program will begin at Camp Rainbow on June 28th

Week 2: July 9th - July 13th _____ Full Day (\$50 Fee) _____ (\$10 Fee)

*Please note Camp Rainbow will be closed on **July 4th** in observance of Independence Day

Week 3: July 16th - July 20th _____ Full Day (\$50 Fee) _____ (\$10 Fee)

Week 4: July 23rd - July 27th _____ Full Day (\$50 Fee) _____ (\$10 Fee)

Week 5: July 30th - Aug 3rd _____ Full Day (\$50 Fee) _____ (\$10 Fee)

Week 6: Aug 6th - Aug 10th _____ Full Day (\$50 Fee) _____ (\$10 Fee)

Week 7: Aug 13th - Aug 17th _____ Full Day (\$50 Fee) _____ (\$10 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

Address: _____

City: _____ Zip: _____

School Child Attends: _____ Grade: _____

T-shirt size: _____

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: _____

Camper Information

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 you child's needs.

Please check all that apply:

Diagnosis:

_____ PTSD (Post Traumatic Stress Disorder)

_____ ADD/ADHD

_____ Intellectual Impairment

_____ PDD

_____ Down Syndrome

_____ Autism

_____ Physical Disabilities

_____ Asperger's

_____ Learning Disabled

_____ Cerebral Palsy

_____ Fragile X

_____ Developmental Delay

_____ Trisomy 9

_____ Behavioral Disabilities

_____ Traumatic Brain Injury

_____ Nonverbal Learning Disability

_____ 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 - *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

_____ 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?

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.

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.**

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

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: _____

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.

Parent/Guardian Consent for Medication Administration

ALL MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE BEARING THE ORIGINAL LABEL.

Name: _____

Date of Birth: _____ Age: _____ Male/Female

Name of Parent/Guardian: _____

Address: _____

Telephone: (home) _____ (work) _____

Telephone during program hours: _____

Other persons to contact if parent/guardian is unavailable:

Name: _____

Phone: _____ Relationship: _____

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

1. _____ 2. _____

3. _____ 4. _____

Medication Consent

I give permission for Brittany Courier, Camp Rainbow Director and to administer the following:

Medication(s): _____

Name of medication

Prescribed by: _____ (Licensed Physician)

Signature of Parent/Guardian: _____ Date: _____

Highly Important

Allergy Alert

Highly Important

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

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 (Please Circle)

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**

(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

- Area IV Pre-teen
- Area IV MSP
- Frisoli Pre-teen
- Frisoli MSP
- Gately Pre-teen
- Gately 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 12/14