

Camp Rainbow
City of Cambridge, Department of Human Service Programs

March 2016

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 exciting summer. Enclosed please find the 2016 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.

The following items must be submitted with your child's application in order for your child to be accepted.

- _____ Completed Camp Rainbow Application
- _____ Immunization Form (please attach a copy of an up to date form)
- _____ DHSP Information Release Form
- _____ 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)

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, 2016. Applications submitted after June 1, 2016 are not guaranteed transportation.

Please give call the Camp Rainbow cell phone at (617)-892-5478 or Bobby Goodwin at (617)-349-6228 or email Camp Rainbow at cambridgecamprainbow@gmail.com

Thank you!
Brittaney Courier
Director
(617)-892-5478

Megan Messina
Assistant Director
cambridgecamprainbow@gmail.com

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

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 OSS camp **ONLY**. Camp Rainbow only provides transportation for these participants in the afternoon.

Please note that the OSS Extended Year Services (EYS) program runs June 29th-August 1st. Campers enrolled at EYS and Rainbow will begin at Rainbow on June 29th.

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

Please check off the week(s) you wish your child to participate in at Camp Rainbow during the 2015 summer.

Participant's Name: _____

Week 1: June 27th - July 1st _____ Full Day (\$50 fee) _____ Half Day (\$10 fee)

* Campers enrolled at EYS and Rainbow will begin at Rainbow on June 29th

Week 2: July 5th - July 8th _____ Full Day (\$50 fee) _____ Half Day (\$10 fee)

Week 3: July 11th - July 15th _____ Full Day (\$50 fee) _____ Half Day (\$10 fee)

Week 4: July 18th - July 22nd _____ Full Day (\$50 fee) _____ Half Day (\$10 fee)

Week 5: July 25th - July 29th _____ Full Day (\$50 fee) _____ Half Day (\$10 fee)

***Please note Camp Rainbow only offers Full Day Enrollment during Week 6 (August 3rd - 7th, 2015) and Week 7 (August 10th - 14th, 2015)**

Week 6: August 1st - 5th _____ Full Day (\$50 fee)

Week 7: August 8th - 12th _____ Full Day (\$50 fee)

***All checks/money orders should be made out to
Department of Human Services, Special Needs**

Participant Information

Child/Teen Name: _____

Date of Birth: _____ Age: _____ Male/Female

Address: _____

City: _____ Zip: _____

Home Phone Number: _____

School Child Attends: _____

T-shirt size: _____

Parent/Guardian #1: _____

Relationship to child/teen: _____

Address: _____

City: _____ Zip: _____

Email address: _____

Phone # where you can be reached during camp hours:

Home: _____ Cell: _____

Work: _____

Parent/Guardian #2: _____

Relationship to child/teen: _____

Address: _____

City: _____ Zip: _____

Email address: _____

Phone # where you can be reached during camp hours:

Home: _____ Cell: _____

Work: _____

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:

- | | |
|--|---|
| <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) | <input type="checkbox"/> ADD/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"/> Asperger's |
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Mental Retardation | <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"/> Nonverbal Learning Disability | |
| <input type="checkbox"/> 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
- 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?

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

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

Please list: _____

Photography Release

Please complete the following section:

_____ I do _____ I do not

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

Parent/Guardian Signature

Date

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

Transportation Information

Camp Rainbow provides transportation to and from camp for full day participants within the City of Cambridge. For half-day participants, Camp Rainbow provides transportation in the afternoon only. Campers may also be dropped off (9:00 AM) and picked up (3:00 PM) by an authorized parent/guardian at the Morse School.

Please check one:

_____ I will drop my child off at Camp Rainbow.

_____ My child will use Camp Rainbow transportation.

***Please note:** Bus pick up and drop offs will be at the closest Cambridge Public School to your home address. Bus pick up and drop off times will be sent out prior to the start of camp on June 27, 2016. Transportation is only guaranteed if your application is submitted and processed by June 1, 2016.

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

Consent

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

Medication(s): _____
Name of medication

Prescribed by: _____ (Licensed Physician)

Signature of Parent/Guardian: _____

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 you can be reached during camp hours:

Home: _____ Cell: _____

Work: _____

2. Name: _____

Relationship to Child/Teen: _____

Address: _____

Phone # where you can be reached during camp hours:

Home: _____ Cell: _____

Work: _____

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!

**PLEASE FILL OUT THIS FORM ONLY IF YOUR CHILD REQUIRES MEDICATION TO BE TAKEN
WHILE AT CAMP RAINBOW**

Parent/Guardian Consent for Medication Administration

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

General Information

Name: _____

Date of Birth: _____ Age: _____ Male/Female

Name of Parent/Guardian: _____

Address: _____

Phone # where you can be reached during camp hours:

Home: _____ Cell: _____

Work: _____

Emergency contact if parent/guardian listed above is unavailable:

1. Name: _____

Relationship to Child/Teen: _____

Address: _____

Phone # where you can be reached during camp hours:

Home: _____ Cell: _____

Work: _____

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

1. _____ 2. _____

3. _____ 4. _____

Medication Order
(To be completed by the child's Doctor)

Name of child: _____

Address: _____

Name of School: _____

Medication: _____

Route of Administration: _____ Dosage: _____

Specific Instructions: _____

Date of Order: _____ Discontinuation Date: _____

*Diagnosis: _____

*Other medical condition(s): _____

Special side effects, contradictions, reactions: _____

*Other medications being taken by the child: _____

Date of next scheduled visit to prescriber: _____

Name of Licensed Prescriber: _____

Address: _____

Business Telephone: _____

Emergency Telephone: _____

Signature of Licensed Physician: _____

Date: _____

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

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PLEASE DO NOT SEND AN APPLICATION WITHOUT THE FOLLOWING DOCUMENTS. YOUR CHILD WILL NOT BE ACCEPTED TO CAMP RAINBOW UNTIL ALL OF THE REQUIRED DOCUMENTS ARE RECEIVED.