



Greater Waltham Arc
Inclusive Summer Camp 2014

Greater Waltham Arc
56 Chestnut Street
Waltham, MA 02453
781.899.1344
recreation@gwarc.org

April 2014

Dear Parent/Guardian,

Summer will be here before you know it! And what better way to keep kids active and engaged than with summer camp? Greater Waltham Arc in conjunction with City of Waltham Community Development Block Grant (CDBG) is very excited to offer extra staff support to children with intellectual and developmental disabilities that plan on attending local day camps. Participating camps are run by Waltham Boys and Girls Club, Waltham Recreation and Waltham YMCA, with weekly sessions during the months of July and August.

If your child requires additional supports to attend summer camp here's what you need to do. First, register your child at one of the participating camps during any four consecutive sessions listed on the Recreation PLUS Inclusive Summer Camp 2014 form. Then complete the four-page Recreation PLUS Inclusive Summer Camp 2014 application. And submit the form to the camp office in which you wish to enroll your child. The form is also available at www.gwarc.org.

We strongly recommend that you complete and turn in your application for support at the same time you register for camp. Decisions for support services will be made on a first come-first served basis. Amount of services provided is based on GWArc's received amount of City Development Block Grant Funds. Final date for acceptance of applications is Friday, May 30, 2014.

We look forward to meeting with you and your child during a mutually agreeable time to further discuss your child's needs and goals in order to ensure a safe and successful summer!

Participation Agreement

Although GWArc is providing supports, campers and GWArc staff follow the rules and regulations as set by the day camp to ensure a positive experience for all. Please be aware of the following:

- Children applying for support in an inclusive summer camp must have a primary disability of intellectual and/or developmental disability or developmental delay.
- Children applying for support must meet with a GWArc representative before a final admission decision is made.
- Children must comply with all day camp rules and regulations.
- Children may be suspended by day camps for breaking camp rules especially if any acts of injurious behavior, property destruction and/or stealing occur.

Sincerely,

Katie Hoenigke, Recreation Manager



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Please complete all pages of this application & return to selected day camp director by May 30, 2014. Thank you!

General Information:			
Parent/Guardian Name:			
Camper's Name:		Date of Birth:	
Address:			
Home Phone #:		Cell Phone #:	
E-Mail Address:			

Camp Selection: <i>Please mark camp and week(s) attending.</i>	July 28- Aug 1	Aug. 4- 8	Aug. 11- 15	Aug. 18- 22	Aug. 25-29
Waltham YMCA <input type="checkbox"/> Camp Caboteers <input type="checkbox"/> Camp Pioneers <input type="checkbox"/> Camp Cabot <input type="checkbox"/> Sports Camp <input type="checkbox"/> Voyager Camp					
Waltham Recreation <input type="checkbox"/> Summer Fun @ Prospect Hill <input type="checkbox"/> Kaleidoscope <input type="checkbox"/> Summer Chill Zone (Mon.-Thurs.)					
Waltham Boys & Girls Club <input type="checkbox"/> Camp Hale					

Narrative Information:
Please write a brief statement about your child's abilities, interests and activities enjoyed and include your child's disability diagnosis.
Please describe any challenges that your child may face in day camp.



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If your child has any behavioral challenges, please describe behaviors and how best managed.
Please describe your child's swimming ability.

Emergency Contact Information:			
Person #1:		Person #2:	
Relationship:		Relationship:	
Best Contact #:		Best Contact #:	
Cell Phone #:		Cell Phone #:	
E-Mail Address:		E-Mail Address:	

Medical Information:			
	Yes	No	If yes, please explain.
Allergies:			
Seizures:			
Physical Limitations:			
<input type="checkbox"/> Hearing Impairment: Please specify impairment level and use of any adaptive devices.			<input type="checkbox"/> Mobility Impairment: Please specify impairment level and use of any adaptive devices.
<input type="checkbox"/> Visual Impairment: Please specify impairment level and use of any adaptive devices.			<input type="checkbox"/> Communication Impairment: Please specify impairment level and use of any adaptive devices.



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☐ Other Health Conditions – Please list all other health conditions including medical and psychiatric concerns as well as use of any adaptive devices (e.g. helmet, dentures, etc.):

Medications:

Name of Medication:	Purpose:	Dosage:	Side Effects:	If needed during camp hours, please list dosage amount and time to be given.

Activities for Daily Living:

	Independent	Needs Assistance	Please explain.
Toileting:			
Eating:			
Dressing:			

Please attach any other information you feel necessary for the camper's health, safety and enjoyment of camp activities.

I have provided accurate and complete information on my child understanding that level of support will be based upon information provided. I have, also, read the participation agreement and understand that my child is expected to follow the rules and regulations of the camp program and suspension from camp may result if camp rules and regulations are not followed.

Signature:		Date:	
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Because GWArc Recreation PLUS receives funding from the City of Waltham Community Development Block Grant, the Federal Government requires GWArc to obtain the following information:

Camper's Name:	
Camp Name:	

Household Size: Please check the number of family members.			
1 person:		5 persons:	
2 persons:		6 persons:	
3 persons:		7 persons:	
4 persons:		8 persons:	

Household Income: Please check the income limit for family. If you are above the listed income level, please check the next category up. For individuals 18 or older, list only that individual's income.			
Household Size:	Very Low Income: (30% MHI)	Low Income: (50% MHI)	Moderate Income: (80% MHI)
1 person:	\$18,950	\$31,550	\$46,300
2 persons:	\$21,650	\$36,100	\$52,950
3 persons:	\$24,350	\$40,600	\$59,550
4 persons:	\$27,050	\$45,100	\$66,150
5 persons:	\$29,200	\$48,700	\$71,450
6 persons:	\$31,400	\$52,300	\$76,750
7 persons:	\$33,550	\$55,900	\$82,050
8 persons:	\$35,700	\$59,550	\$87,350

Ethnicity: Please check applicable option.			
White (non-Hispanic):		Black/African-American:	
Asian		American Indian/Alaska Native	
Native Hawaiian/ Pacific Islander		American Indian/Alaska Native & White	
Asian & White		Black/African-American & White:	
American Indian/Alaska Native & Black African American		Other Multi-Racial:	
Hispanic:		Other:	

Single Head of Household: Please check.			
Yes:		No:	
If yes, please check below.			
Male:			
Female:			
Household Members over the age 62: Please check.			
Yes:		No:	