



CAMP
ECHOING
HILLS

2717 South Arlington Rd, Suite: E *Akron, Ohio 44312
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2018 Summer Camp Program

Dear Parent or Guardian,

The Arc of Ohio, is again, offering a summer day camp for school aged children (ages 4-22 years old) with developmental and intellectual disabilities. An exciting new change to the 2018 Summer Camp Program will be the collaboration with Echoing Hills and Camp Echoing Hills. Echoing Hills is a well-known, established service provider to individuals with developmental and intellectual disabilities in Stark County, and across the state of Ohio. Their services include: Residential Services, Adult Services, Education, and a Camp Program serving individuals with disabilities called Camp Echoing Hills. We, at The Arc of Ohio, are excited and proud to work with Echoing Hills and their highly trained staff to support the needs of the children served at The Summer Camp, and to support the longevity of the program.

Day camp is being offered July 9-13, July 16-20, July 23-27, and July 30- August 3. Camp hours are from 8:30 AM- 2:30 PM, Monday-Friday. Transportation will be provided by The Stark County Board of Developmental Disabilities for those participants who reside in Stark County. The bus stop locations will be listed on APPLICATION FORM. Please choose the location most convenient for your family.

The cost for camp is \$225.00 per week.

Please complete ALL the necessary forms for your child to participate. The forms REQUIRED to be completed BEFORE your child can attend camp are: the APPLICATION FORM, EMERGENCY MEDICAL FORM, ADMINISTRATION OF MEDICATION FORM, and the PARTICIPANT QUESTIONNAIRE. These forms are available online at www.thearcofohio.org, or contact The Arc of Ohio at (234) 571-5689 to have one mailed to your home. Please fill out these forms in dark blue or black ink only.

RETURN ALL FORMS BY JUNE 22ND, 2018 to ensure your child's participation in the 2018 program.

Please send all forms to: The Arc of Ohio
2717 S. Arlington Rd
Suite: E
Akron, Ohio 44312.

ALL FORMS MUST BE SIGNED BY A PARENT OR GUARDIAN. The Administration of Medication Form MUST BE SIGNED BY A PHYSICIAN, EVEN IF YOUR CHILD WILL NOT BE TAKING MEDICATIONS AT CAMP! Any form without a signature, will delay your child's application process.

The Arc of Ohio and Echoing Hills, reserve the right to determine individual eligibility for all activities.

PAYMENT IN FULL or a written payment commitment from a third party is required before your child will be able to participate. Cancellations will be accepted until June 30th. There will be NO REFUNDS for

reserved, but unused camp days. This applies to payments made directly, or via third party payers. If you are interested in Scholarship Information, please indicate this on the Application Form page.

As a reminder, you are responsible for arrangements regarding any financial assistance that may be available to you. Third-party payment for summer respite services is often available through Stark County Board of DD.

Stark County Board of DD, Department of Jobs and Family Services, providers, and some community service organizations are examples of agencies you can contact directly regarding any benefits for which you believe your family of child is eligible. IF YOU INTEND TO USE FSS FUNDS FOR OUR SUMMER CAMP PROGRAM, YOU MUST RE-APPLY FOR THE FSS FUNDING FOR PERIOD FROM JULY 1 THROUGH DECEMBER 31ST 2018 WITH THE COUNTY BOARD OF DD. Call (330) 477-5200 and ask for a FSS specialist.

Please feel free to call The Arc of Ohio office, at (234) 571-5689, should you have any additional questions. We look forward to a great Summer Program experience with your child!

Sincerely,

Brittany Kuhn

Brittany Kuhn
Summer Camp Director
The Arc of Ohio

Sarah Larson

Sarah Larson
Summer Camp Coordinator
Echoing Hills Village, Inc.

***** PLEASE BE AWARE: Baylor Beach Park has a large, well ventilated pavilion. However, it is NOT air conditioned facility.

Also, please return the application NO LATER THAN JUNE 22nd, 2018. Payment arrangements can be made before camp begins, but we need to know how many children will be participating in order to hire a sufficient amount of counselors.



The Arc of Ohio– 2018 Summer Camp Program

Day Camp Registration Application
Baylor Beach Park, Navarre, Ohio

Participant _____ Nickname _____

Birthdate _____ Age _____ Height _____ Weight _____

Parent/Guardian _____

Foster Parent (If Applicable) _____

Street Address _____

City _____ Zip _____ Township _____

Home Phone # _____ Work Phone # _____

Email _____ Cell Phone # _____

<u>Check Week(s) Requested:</u>	<u>Week Theme</u>	<u>Cost</u>
_____ July 9 – July 13	8:30 A.M. – 2:30 P.M. Superhero Week	\$225.00 Per Week
_____ July 16 – July 20	8:30 A.M. – 2:30 P.M. Sports Team Week	\$225.00 Per Week
_____ July 23 – July 27	8:30 A.M. – 2:30 P.M. Around the World Week	\$225.00 Per Week
_____ July 30 – Aug. 3	8:30 A.M. – 2:30 P.M. Jungle Safari Week	\$225.00 Per Week

NOTE: NO SWITCHING OF WEEKS. HOWEVER, A WEEK CAN BE ADDED WITH PAYMENT IN ADVANCE.

Payment source for the participant will be: _____ Family Support Services _____ Self _____ Credit Card

Address of person to whom card is issued _____

_____ (City) _____ (State) _____ (Zip Code);

Credit Card Number: _____ Exp. Date _____

3 digit security code on back of card: _____

Other Payment Source (Explain): _____

Please check if interested in scholarship information

Please note: financial requirements for eligibility for scholarships (eligibility for free/reduced lunches with local public school systems. Proof of income required.)

**** Application must be signed by the participant's parent or guardian.**



Signature _____ Date _____

The Arc of Ohio reserves the right to deny participation to any applicant who, in The Arc's judgment, cannot be properly served due to health, behavioral, and/or physical problems. Return completed form by June 22, 2018 to: The Arc of Ohio, 2717 South Arlington Rd Suite: E Akron, Ohio 44312

NOTE: AFTER JUNE 30, 2018 NO REFUNDS ON CANCELLATIONS.

PLEASE CHECK THE BACK SIDE OF THE SHEET FOR BUS TRANSPORTATION INFORMATION!!!! (OVER)

**SUMMER CAMP PROGRAM 2018
BUS PICK-UP & DROP-OFF LOCATIONS**

(You will be notified later of the time of pick-up and drop-off)

PLEASE CHECK YOUR PREFERENCE:

- | | | | |
|--------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Sancta Clara Monastery | 4200 Market Ave. N., Canton | |
| <input type="checkbox"/> | Lake Middle School | 511 Market Ave. SW Hartville (Parking lot North of Athletic Stadium) | |
| <input type="checkbox"/> | Louisville Middle School | 1300 S. Chapel St. Louisville | <input type="checkbox"/> |
| <input type="checkbox"/> | Perry High School | 3737 13 th St. SW Massillon | |
| <input type="checkbox"/> | Hoover High School | 525 7 th NE, North Canton | |
| <input type="checkbox"/> | Lehman Middle School | 1400 Broad Ave NW, Canton | |
| <input type="checkbox"/> | Faircrest Middle School | 616 Faircrest St. SW, Canton (Canton South) | |
| <input type="checkbox"/> | Washington HS | 1 Paul E. Brown Dr. SE Massillon (Massillon) | |
| <input type="checkbox"/> | Jackson High School | 7600 Fulton Dr. NW Massillon (parking lot by Old School House) | |
| <input type="checkbox"/> | Parent Transport | | |

For Office Use Only:

Date Application Received: _____

Date(s) Fee Paid _____	Check # & Amount _____	Source _____
_____	_____	_____
_____	_____	_____

Credit Card VISA _____ Mastercard _____

Date Third Party Payment Confirmation Received _____



The Arc of Ohio 2018 Summer Camp Program Emergency Medical Treatment Form

ALLERGIES: _____
REACTION: _____

Participant: _____ Birthdate: _____

Weight: _____ Height: _____

Parent/Guardian: _____

Foster Parent (If Applicable): _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Email _____ Cell Phone # _____

Please list TWO nearby relatives or friends, with a telephone and available transportation, who could relay a message and/or pick up your child in the event you cannot be reached: (IN CASE OF AN EMERGENCY THESE NUMBERS WILL BE CONTACTED IF YOU CANNOT BE REACHED. EMERGENCY PERSONNEL WILL BE CALLED; EMS, POLICE, ETC.)

Name _____ Relationship _____

Street Address _____ City _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Name _____ Relationship _____

Street Address _____ City _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Participant's Physician _____ Phone _____

Street Address _____ City _____

Participant's Disability: _____

Chronic Medical Problems: _____

Current Medications (All Medications taken with a 24 hour period): _____

Allergies (If your child has no allergies, please write "none.") _____

Other Special Precautions: _____

[Type here]

If seizure-prone, please fill out this information:

Date and Time of Last Seizure: _____ Length of Seizure: _____

What occurs when the individual has a seizure: _____

1 or Part 2 must be completed

****Part 1 - To Grant Consent**

In the event of an emergency, please contact me, or one of the other designated persons if I cannot be reached. If reasonable attempts to contact me or the designated alternates have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____ at _____ or,
(preferred physician) (phone #)

Dr. _____ at _____ or,
(preferred dentist) (phone #)

In the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to _____ or any hospital reasonably accessible.

(preferred hospital)

This authorization does not cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.



Signature _____ **Date** _____

****Part 2 - To Refuse Consent**

I do not give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program personnel to take no action or to: _____

Signature _____ **Date** _____



The Arc of Ohio 2018 Summer Camp Program Administration of Medication Form

****This form must be completed EVEN IF NO MEDICATION IS REQUIRED FOR THE PARTICIPANT DURING CAMP HOURS.**

Participant _____ Birthdate _____

Street Address _____

City _____ State _____ Zip _____

Guardian Name: _____ Contact Number: _____

Please have the participant's **physician** complete the following section.

=====

TO BE COMPLETED BY PHYSICIAN:

1. The above named summer program participant is currently being prescribed the following medication(s):

<u>Medication</u>	<u>Dosage</u>	<u>Time (s) Given</u>	<u>Reason for Medication</u>

2. Anticipated reactions to these medications:

3. Patient's Diagnosis:



X _____
PHYSICIAN ACTUAL SIGNATURE (NO STAMPS PLEASE) Date _____

=====

MUST BE COMPLETED BY PARENT/GUARDIAN:

I hereby give the designated personnel of The Arc of Ohio permission to administer the aforementioned, specified medication(s) (if any) to:
 Participant Name _____



X _____
 Parent/Guardian Signature Date _____

THIS FORM MUST BE RETURNED AND SIGNED BY PHYSICIAN AND PARENT



The Arc of Ohio Summer Camp Program
2018 Consent Form

Please complete either Part 1 OR (NOT BOTH) Part 2 of this form.

Do not complete both.

Part 1 - To Grant Full Consent

As the parent or legal guardian of _____ (**Camper's Name**), I/we do hereby for ourselves, our heirs and executors, waive and release all rights and claims I/we may have now or in the future against The Arc of Ohio, Echoing Hills Village, Inc., either organization's Board of Trustees, employees, volunteers, and/or agents for all incidents and/or damages suffered by us or _____ (**Camper's Name**) while participating in the summer program.

I/we represent that _____ (**Camper's Name**) has no medical problems that could prohibit him/her from fully participating in the summer program, including all planned trips and activities, as well as lake activities, unless specified below.

In addition, I/we hereby agree that The Arc of Ohio and Echoing Hills Village, Inc., may use without obligation and may copyright for promotional, personal, and publicity purposes, photographs/videos in which _____ (**Camper's Name**) appears.



Signature _____ Date _____

Part 2 - To Grant Partial Consent

As the parent or legal guardian of _____ (**Camper's Name**), I/we agree to the above provisions; however, I/we choose to **deny** permission for _____ (**Camper's Name**) to participate in one or more of the following:

1. Lake activities _____
2. Photographs _____
3. Other (please specify)



Signature _____ Date _____



2018 Summer Camp Program Participant Questionnaire

Participant _____ Nickname _____ Age _____

NOTE: This form is designed to help us become familiar with each child and to help us care for his/her special needs, if any. It also gives you an opportunity to note precautions that you feel are important. Please check **all** appropriate responses that apply in each section.

Please be aware that Baylor Beach Park has a large, well ventilated pavilion. However, it is NOT an air conditioned facility.

Does the Participant have a follow-along at school? _____ Yes _____ NO

If yes, please explain if it is for academic, behavioral, or other reasons:

AMBULATION:

CAMPER	YES	NO
Can walk unassisted		
Needs some assistance walking PLEASE EXPLAIN:		
Can climb stairs		
Uses wheelchair		
Uses walker		
Uses crutches		
Other: PLEASE EXPLAIN		

SUPPLIES:

CAMPER WILL BRING TO CAMP:	YES	NO
Protective Helmet		
Glasses/ contact lenses (Please specify)		
Hearing Aid		
Braces (orthopedic)		
Special Feeding Equipment		
Other: PLEASE EXPLAIN		

DRESSING:

CAMPER	YES	NO
Can dress him/herself unassisted		
Needs assistance with:		
Buttons/Fasteners		
Shoes		
Socks		
Zippers		
Other:		

EATING:

CAMPER	YES	NO
Can feed him/herself unassisted		
Needs assistance with:		
Cups		
Spoons		
Forks		
Straws	YES	NO
Other:		
Chokes easily when eating		
Requires special feeding equipment PLEASE EXPLAIN		
Requires special diet PLEASE EXPLAIN		

PLEASE DO NOT PERMIT MY CHILD TO EAT THE FOLLOWING FOODS:

TOILETING:

CAMPER	YES	NO
Can use bathroom alone		
Has started menstrual cycle		
Please Provide date and if assistance with feminine hygiene is needed: _____		
Needs assistance with:		
Toilet Paper		
Hand Rail		
Clothing		
Lifting On/Off		
Expressing need to use facilities		
Other:		

COMMUNICATION:

CAMPER COMMUNICATES	YES	NO
Fully Verbal		
Non Verbal		
Partially Verbal PLEASE EXPLAIN		
Gestures		
Sign Language		
Other:		

MEDICAL:

CAMPER	YES	NO
Has seizures/blackouts PLEASE DESCRIBE		
Has speech difficulty PLEASE EXPLAIN		
Has vision impairment PLEASE EXPLAIN	YES	NO
Has hearing impairment PLEASE EXPLAIN		
Has fine motor impairment PLEASE EXPLAIN		
Has gross motor impairment PLEASE EXPLAIN		
Other:		

***Please note: Behavioral challenges will not necessarily disqualify your participant. However, it is crucial to make camp staff aware of any and all behavioral needs so that safety can be ensured for all campers. The Arc does hold the right to refuse service to a participant based on lack of resources available to the program.**

BEHAVIORAL:

Participant has been known to have behavior problems? (Circle One)

Yes

No

CAMPER HAS THE FOLLOWING BEHAVIORAL ISSUES	YES	NO
Verbal		
Physical		
Verbally Aggressive		
Physically Aggressive		
Withdraws		
Bolts/Runs Away		
Non-Compliant		
Allegations		
Other:		

Please describe behavioral issue checked yes:

Reinforcements that help this participant with behavior problems:

Please let us know what the camper's experience is with the water. How does the camper react to the water? Is the camper an independent swimmer?

What special talents does your child have? We will have a **Talent Show** the last day of Camp so knowing what your child is particularly good at or enjoys doing will help us showcase his/her talent!

Use the following lines to provide further information or advise us of any precautions you wish the camper to observe while at camp.

Echoing Hills Village, Inc. is a faith based organization and incorporates non-denominational, Christian teachings and activities in all of their programming. Please indicate below, whether or not you would like your child to participate in these activities. Please note: If not indicated on this form, it will be assumed that the child can participate in religious activities.

Yes, my child can participate in religious activities

No, I would NOT like my child to participate in religious activities