

PRE-APPLICATION ~ Catholic Charities Disability Services Summer Programs 2011

Have you received the Full Registration Packet (including medical, health history, etc...)? If no, check here We will mail one to you

A Non-Refundable \$50 registration fee must be sent with your application. This fee applies to everyone & will be credited toward the cost of camp if accepted.

Deadline for all forms ~ Friday, May 2, 2011

Camper Information		Age
Name _____ M ___ F ___ Birthday ____/____/____		Soc. Sec. # _____
Address _____		

Parent/Guardian Information					
Mother			Father		
Address City, State, Zip	Check if same as camper _____		Address City, State, Zip	Check if same as camper _____	
County			County		
Home Phone		Cell Phone	Home Phone		Cell Phone
Work Phone			Work Phone		
Email _____ @ _____			Email _____ @ _____		

Who is the Primary Caregiver? _____
 Please list all names of those who are allowed to pick up the camper: _____
 (Each individual will be asked to show ID when picking up the camper)

Are you receiving services from the Cuyahoga County Board of Developmental Disabilities (CCBDD)?
 Yes _____ No _____ In process _____ Contact at CCBDD (ie. Support Administrator) Name _____ Phone (____) _____
 Are you on the IO Waiver? Yes _____ No _____ Are you on the Level 1 Waiver? Yes _____ No _____ Medicaid # _____
Please have your SA call us if you are using the Waiver to pay for camp

Extended School Year
 Is Camp being considered Extended School Year? Yes _____ No _____ What is your School District _____
 Who is your Contact at the School District _____ Phone (____) _____
Please be sure to contact your school district to discuss sending us a plan for extended school year

Other Camper Information
 Name of School _____
 Church you belong to _____ Catholic _____ Other _____
 Please check if camper resides in one of the following: Group Home _____ Foster Care _____ Other _____
 Name of Home _____ Contact Name _____ Phone (____) _____

How did you hear about Camp Happiness???
 Word of Mouth _____ Camp Fair _____ (Which one? _____)
 Newspaper _____ (Which? _____)
 Other _____

Were you referred to Camp Happiness???
 Which camper referred you? _____
 Deadline for referral is May 27, 2011 – you must be accepted to camp before this date

Your child will be considered for camp based on the appropriateness of the camping program for the individual, completion of all forms, and on a first-come, first-serve basis.~
 No one will be accepted without the completion of all forms and Disability Services receiving ALL forms in the application packet
If accepted, you will receive a letter of confirmation in the mail

Please turn this form over to choose the site you are interested in and to tell us more about the camper →

Please check ONE of the following appropriate sites you would like to attend

*****Campers will be sent to the closest camp site for transportation purposes unless parent/guardian is able to provide transportation*****

Please Check: I hereby give my permission to forward this camp packet to the other camps listed if my choice is not available or not appropriate.

1) Disability Services ~Camp Happiness A 7-week day camp for children & young adults ages 5-21 with mild, moderate and severe cognitive disabilities at 3 sites throughout Cleveland and suburbs Monday - Friday / June 20 – August 5 Check which Camp Happiness site you would like to attend:		
CPL (Borromeo), Wickliffe <input type="checkbox"/>	Lakewood Catholic Academy, Lakewood <input type="checkbox"/>	Parmadale/Corde Campus, Parma <input type="checkbox"/>
Check which weeks you would like to attend: ALL 7 weeks (June 20-August 5) <input type="checkbox"/>		
OR choose individual weeks:	June 20-24 <input type="checkbox"/>	June 27-July1 <input type="checkbox"/> July 5-8 <input type="checkbox"/> July 11-15 <input type="checkbox"/> July 18-22 <input type="checkbox"/> July 25-29 <input type="checkbox"/> August 1-5 <input type="checkbox"/>

2) Augustine Rainbow Camp A 5-week program, run by St. Augustine Parish. An inclusive setting at St. Augustine Church, on W. 14 th St., in the Tremont neighborhood of Cleveland for campers ages 5 to 13 who are deaf, hard of hearing or blind. Also serves children with cognitive disabilities (mild to moderate) Monday – Friday / June 27 – July 29 <input type="checkbox"/>
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3) RoseMary Center A 9 week program at OLA/St. Joseph Center for individuals with multiple disabilities and severe/profound levels of cognitive disabilities ages 6-21 Monday – Friday / June 20 – August 12 <input type="checkbox"/>
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<p>PLEASE ANSWER THE FOLLOWING QUESTIONS (these are important in determining the appropriateness of the Camp Site):</p> <p>Please describe the individual's disability / disabilities or challenges: _____</p> <p>Is the camper able to use the toilet independently? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, then what assistance is required? _____</p> <p>Does the camper wear diapers? Yes <input type="checkbox"/> No <input type="checkbox"/> Pull Ups <input type="checkbox"/></p> <p>Does camper use a wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what assistance is needed? _____</p> <p>If yes, can camper transfer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the camper have any behavior problems? (Such as destructive; self abusive; aggressive) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the camper require individual attention due to behavior? Yes <input type="checkbox"/> No <input type="checkbox"/> Please describe _____</p> <p>Does the camper require individual attention for eating? Yes <input type="checkbox"/> No <input type="checkbox"/> Please describe _____</p> <p>Comments about the camper which are necessary and/or helpful to know before the program begins ~ Use other sheets of paper if necessary.</p> <p>_____</p>
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Criteria Please read the following statement regarding Criteria for admission and sign:
 I have read the Criteria for Admission (included with registration packet) and understand that acceptance to Camp Happiness is based on these guidelines and the appropriateness of the program for the individual, completion of all forms and on a first come, first serve basis.

 Signature

_____ Date