



Easterseals Iowa



Bridge Camp Packet 2023

Please allow up to two weeks for processing

Only completed packets will be processed

We will communicate via email. Please be sure to list a valid email.

If you do not have access to an email, please call our Program and Support Specialist for accommodations at (515) 309-2375

Please see the camp information page (pg. 2) to review our different camper opportunities. We accept private pay and waiver for these programs. These camps are designed for campers who are best supported in a 1:8 ratio.

****The following packet forms MUST be submitted together****

___ 2023 Application- **all sections must be filled out for the packet to be considered "complete"**

**If you completed a 2023 respite application, please just submit pages 19 and 20*

___ All Release Forms (*Notice of Privacy Practices, Waiver of Liability, Photo Consent Form, Message Consent*)

___ Physical Form (*valid for 2 years from exam date*) + immunization records (Requires non-electronic signature - Only provided physical form will be accepted)

___ Financial and Registration Form

___ Medication List

___ \$50 non-refundable deposit (Unless using waiver. Please contact Case Manager for required funding)

You may send them to our Program and Support Specialist, by the following methods:

Email: camandrespite@eastersealsia.org

Mail or Drop Off: Easterseals Iowa
Attn: Camp and Respite
401 NE 66th Ave
Des Moines, IA 50313

Fax: 515-289-1281

**Incomplete Packets will
not be accepted**

We will notify you by email when your packet has been received, and again when processed. Please contact the Program and Support Specialist 515-309-2375 or camandrespite@eastersealsia.org if you have any questions.

Thank you for choosing Easterseals Iowa!

2023 CAMP INFORMATION

Easterseals Iowa Bridge Camp sessions provide an integrated setting where children with and without disabilities learn and grow together. These day and overnight programs are designed for children who can be supported in a 1:8 ratio. Bridge Camp focuses on the structured activities Camp Sunnyside has to offer in an inclusive setting. Activities include fishing, swimming, pony rides, rock wall climbing, arts and crafts, nature hikes, camp outs and more! Come see what camp is all about!



Bridge Camp: Ages 5-12

This day program is designed for children who can be supported in a 1:8 ratio. Hours are Monday through Friday, 8:00am-5:00pm. Extended hours are available from 7:30am-5:30pm.

Private pay Cost: \$216

Extended hours: \$50 per week

Waiver units: 180 per week



Teen Bridge Camp: Ages 13-14

This day program is designed for children who can be supported in a 1:8 ratio. Hours are Monday through Friday, 8:00am-5:00pm. Extended hours are available from 7:30am-5:30pm.

Private pay Cost: \$216

Extended hours: \$50 per week

Waiver units: 180 per week

Resident Bridge Camp: Youth weeks: Ages 5-14

Easterseals Resident Camp sessions provide a setting where individuals participate in a traditional overnight camping experience. This week-long program is designed for individuals who can be supported in a 1:8 ratio.

Check in: Sundays, 2:00pm-4:00pm

Check out: Fridays: 2:00pm-3:00pm

Private Pay Cost: \$650 per week

Waiver Units: 484 per week





Easterseals Iowa Camp Sunnyside Bridge Application 2023

Office use only
Date and Time Received _____
Date Notified _____

Bridge Camps are designed for campers who are independent with personal cares and maintain a 1:8 staff to camper ratio at all times. If your camper needs additional support, please fill out the application for our supported camps.

Camper Information (Please Print Legibly)		
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Last Name:	First Name:	Middle Name:
Address:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	Work:
Email:		Birthdate: / /

Gender: <input type="radio"/> Female <input type="radio"/> Male Preferred Pronoun: <input type="radio"/> He <input type="radio"/> She <input type="radio"/> Other If Other: _____
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Preferred Language:

Ethnicity: <input type="radio"/> Asian American <input type="radio"/> African American <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Multiple Ethnicities <input type="radio"/> Choose Not to Say Other: _____

Waiver Designation: <input type="radio"/> Brain Injury <input type="radio"/> Brain Injury + DD <input type="radio"/> Children’s Mental Health <input type="radio"/> \$100% County Case Management <input type="radio"/> DD Case Management <input type="radio"/> Elderly <input type="radio"/> Health and Disability <input type="radio"/> Health and Disability + DD <input type="radio"/> HIV/AIDS Waiver <input type="radio"/> Intellectual Disability <input type="radio"/> Physical Disability <input type="radio"/> Physical Disability + DD
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Employments

Is the camper employed? [] Yes [] No
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1. Emergency Contact

First Name:	Last Name:	Relationships:
Address:		
City/State:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		Interpreter: <input type="radio"/> Yes <input type="radio"/> No
Primary Language:		Preferred Method of Contact:

2. Emergency Contact		
First Name:	Last Name:	Relationships:
Address:		
City/State:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		Interpreter: <input type="radio"/> Yes <input type="radio"/> No
Primary Language:		Preferred Method of Contact:

Preferred Hospital (In the event of an emergency)	
<input type="radio"/> Broadlawns <input type="radio"/> Mercy Medical <input type="radio"/> Unity Point—Lutheran <input type="radio"/> Unity Point—Methodist <input type="radio"/> Unity Point Blank Children’s <input type="radio"/> Other _____	

Seizures	
Do you have a seizure disorder? Yes [] No [] (if yes, please fill out the rest of this section)	
VNS: <input type="radio"/> Yes <input type="radio"/> No	
What type of Seizures?	Date of Last Seizure:
Frequency:	Seizure Time/Length:
Known Triggers:	
Behavior / Aura Prior to Seizure:	
Type of Behavior During Seizure:	
Recovery Time / Behavior After Seizure:	
Medical Intervention Plan:	Rescue Med: <input type="radio"/> Yes <input type="radio"/> No
Do you use a safety helmet? Yes [] No []	

Allergies	
Does the Camper need an Epi Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Food Allergies:	
Reactions:	
Other Notes:	
Other Non-Food Allergies:	
Reactions:	
Other Notes:	

Dietary Information (Please mark all that apply)

Are you on a special diet? YES NO

<input type="radio"/> G-Tube If so, are you NPO? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Mechanical Soft <input type="radio"/> Pureed <input type="radio"/> Fluid Restriction required per Physician <input type="radio"/> Other _____	Are you Diabetic? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Medication Controlled <input type="checkbox"/> Diet Controlled <input type="checkbox"/> Carb Count - How many Carbs? _____
Eating: <input type="radio"/> Eats Independently <input type="radio"/> Total Assistance <input type="checkbox"/> Monitor Portions <input type="checkbox"/> Help Cutting Up Food	Notes:

Assistive Technology (Select all that apply - underlined items are supplied by camp)

AFO/KAFO
 Aug/Alt Communication Device
 Bed Rails
 Grab Bars
 Hospital Bed
 Shower Chair
 Other Bathing Aid
 Gait Belt
 Eye Glasses
 Hearing Aid
 Hoyer Lift /Sling
 Crutches
 Cane
 TTY
 Walker
 Manual Wheel Chair
 Electric Wheelchair
 Activities of Daily Living Devices
 Plate Guard
 Modified Utensils
 Tray
 Slip Mat
 Specialized Cup
 Specialized Plate
 Other _____

Ambulation and Care

Assistance Needed with Manual Wheelchair:
 No Assistance
 Assist on Rough Ground
 Assist for Distances
 Total Assist
 N/A

Assistance with Transferring: Current Weight _____
 No Assistance
 Stand and Pivot Transfer
 2 Person Lift *(must be 80 lbs or less)*
 Hoyer lift

Other Ambulation Needs: Some Support on Certain Surfaces
 Support for long distances
 Support due to vision

Toileting

Do you wear Attends/Briefs/Diapers? Yes No If yes, When? All Day Night Only

Bathroom Assistance: Independent
 Some Assistance
 Total Assistance
 Assistance with cleaning after BM Yes No Bowel Movement Routine/Frequency?:

Uses the following: <input type="checkbox"/> Colostomy Appliance <input type="checkbox"/> Digital Stimulation <input type="checkbox"/> In-Dwelling Catheter <input type="checkbox"/> Suprapubic Catheter <input type="checkbox"/> Ileto Appliances <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> Intermittent Catheterization <input type="checkbox"/> Urinal <input type="checkbox"/> Other	Monitor BM? <input type="radio"/> Yes <input type="radio"/> No
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Do you need assistance with the above? Yes No

Detail Level of Assistance:

Dressing
Level of Assistance Needed: <input type="radio"/> Independent <input type="radio"/> Some Assistance <input type="radio"/> Total Assistance <input type="checkbox"/> Verbal Prompts
Detail Level of Assistance:
Does the camper need assistance in the event of a fire, tornado, flood, or bomb threat? <input type="radio"/> Yes <input type="radio"/> No

Communication	
Communication Device <input type="radio"/> Yes <input type="radio"/> No	Braille <input type="radio"/> Yes <input type="radio"/> No
Visual Impairment <input type="radio"/> Yes <input type="radio"/> No	Large Font <input type="radio"/> Yes <input type="radio"/> No
Non Verbal <input type="radio"/> Yes <input type="radio"/> No	Verbal <input type="radio"/> Yes <input type="radio"/> No
Other Communication Needs:	ASL <input type="radio"/> Yes <input type="radio"/> No

Verbal and Physical Aggression (towards self, others or property)
Aggressiveness: <input type="radio"/> Not Aggressive <input type="radio"/> May Strike or Swear Occasionally <input type="radio"/> Regularly Strikes or Swears
Type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Self-Injurious Behaviors
Please Explain:
Staff Supports:
Client Coping Strategies:
Known Triggers:

Elopement	(Select All that Apply)
<input type="checkbox"/> Stays with the Group <input type="checkbox"/> Wanders Away <input type="checkbox"/> Actively Leaves Group <input type="checkbox"/> Hides <input type="checkbox"/> Declines to Participate	
Please Explain:	
Tips to Redirect:	

Transitions
<input type="radio"/> Transitions Well <input type="radio"/> 5 Minute Warning <input type="radio"/> Visual of Transition <input type="radio"/> Struggles with Transitions
Support Recommendations:

Medical Diagnosis (if applicable)

Primary: (please circle)

- | | | | |
|--------------------------------------|--|---|---------------------|
| <i>Brain Health (mental illness)</i> | <i>Cerebral Palsy</i> | <i>Scoliosis</i> | <i>Brain Injury</i> |
| <i>Autism</i> | <i>Epilepsy</i> | <i>Spina Bifida</i> | |
| <i>Alcoholism/Drug Abuse</i> | <i>Heart Disease</i> | <i>Cleft Palate</i> | |
| <i>Other Psychological Disorders</i> | <i>Asthma</i> | <i>Down's Syndrome</i> | |
| <i>ADD/ADHD</i> | <i>COPD</i> | <i>Speech, Language & Voice Dysfunction</i> | |
| <i>Developmental Delays</i> | <i>Diseases of the skin & tissue</i> | <i>Spinal Cord Injury</i> | |
| <i>Intellectual Disability</i> | <i>Arthritis</i> | <i>Head Injury</i> | |

Secondary:

Other:

Personal Hygiene (Brushing teeth, shower etc.)

Level of Assistance Needed: Independent Some Assistance Total Assistance [] Verbal Prompt

Detail of level of Assistance:

Over-Stimulation

Causes: Large Groups Situations Noises Smells Other: _____ N/A

Explain:

Support Recommendations:

History of Sexual Behavior

No Sexual behavior observed Unsolicited sexual comments Unsolicited sexual touching Masturbation

History of Sexual Abuse

YES NO

Support Recommendations:

*If at any time the team experiences behaviors that interfere with the health and safety of the camper, team members, or other campers, the Director and Assistance Director of Recreational Programming will evaluate documentation, current supports of the camper, and the current available team member support. If the Director and Assistance Director of Recreational Programming determine a new level of support is necessary for the camper, the Director and Assistant Director of Recreational Programming will inform legal guardian and/or case manager of support changes, frequency of services, and whether or not the program is able to support the current camper’s needs. Easterseals will attempt to service and support campers who experience interfering behavior using PBS and accommodations. The safety of all campers and team members will be priority in determining ability to serve campers.

By signing here, you give our healthcare staff the permission to provide routine healthcare, dispense medications, and seek emergency treatments.

Application Completed By: _____
(Print)

Date: _____

Relationship: _____

Signature of Legal Guardian: _____

(Must have guardian signature. If camper is their own guardian camper must sign.)

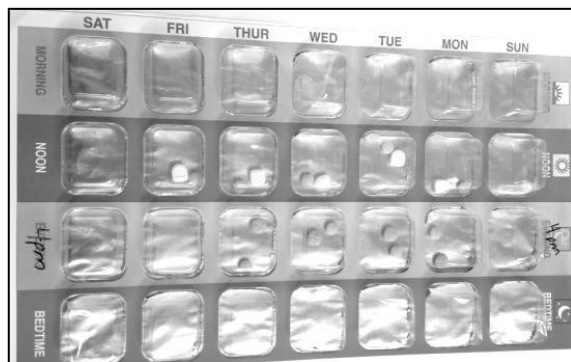


Important!

Medication Information

For Resident Camp:

-All medication must be in a 7 day compliance unit-dose bubble pack. Do not send in medication in original bottles, envelopes or at-home containers.



- Clearly identify your medication package with the dates of your camp session, first and last name, and date of birth.
- Due to the significant volume of medications administered here at camp, please consider leaving all non-essential topical creams, ointments, and other PRN's at home.
- Include any special instructions on how the camper takes their medications.

All medication can be sent to:

Easterseals Iowa
Attn: Health Center
401 NE 66th Ave

-Any questions regarding medication, please contact our health center at 515-309-2378 or email Lupe Tafolla at Itafolla@eastersealsia.org

For Day Camp:

-All medication can be brought with the camper to check-in.

-It must be in a medication bottle with the correct prescription on it. If it is not, the nurse will not be able to administer it and your camper may not be allowed to stay at camp.

-Please only bring the amount needed for each day of camp with one (1) additional dose.

Medication Name including dose of pill (mg/ml/ect.)	Quantity	Times of Administration {AM/PM}	Special Instructions
Example- Tylenol 325mg	2 capsules	8am, 8pm, and as needed	whole in applesauce
Example- Omeprazole 20mg	1/2 tablet (10mg)	7:30 am, 4:00 pm	crushed through G-tube
<p>** Medications are typically administered at 08:00 am (before Breakfast); 12:00 pm (before Lunch); 5:00 pm (before Dinner); and 8:00 pm (Bedtime). Please list specific times if medication/treatment is otherwise scheduled.</p> <p>**To minimize long check in times, we ask that you ONLY bring the number of pills that are needed for the duration of stay plus ONE extra dose.</p> <p>** All medications must have prescriptions attached, Over-the-counter pills should be in original packaging. Thank you!</p>			



Physical Examination Form

Other exam forms will not be accepted

This form is to be completed by a licensed physician or by a physician's assistant.

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Medical History: _____

Surgical History: _____

Height: _____ Weight: _____

Vitals Signs: Temp _____ HR: _____ BP: _____ RR: _____ Pulse Ox: _____

	Normal	Abnormal Findings
Neuro		
Head/EENT		
Respiratory		
Cardiac		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Integumentary		

Are immunizations up to date? YES ___ NO ___ (*Please attach a copy of all immunization records*)

Is the applicant under the care of a physician for non-preventative care? YES ___ NO ___

I agree that medication will be a part of service provided as needed. YES ___ NO ___

The applicant can participate in the following adapted activities: Swimming, horseback riding, zip-line, rock wall, and other outdoor activities: YES ___ NO ___ If no, please explain: _____

I have examined the above individual and reviewed his/her health history. It is in my opinion that he/she is physically able to engage in any required activities, except as may be noted above, and is free of communicable or contagious disease at this time.

Signature of Licensed Medical Professional: _____ Exam Date: _____

Printed Name: _____ Phone Number: _____



-WAIVER OF LIABILITY-

Signature Required

Client Name: _____

Program Name: _____

With the understanding that Easterseals Iowa (hereafter known as ESI) will make reasonable efforts to prevent accidents, injuries, or other mishaps, I acknowledge the following:

The undersigned, individually or as a parent or natural guardian, in partial recognition of services rendered claims, demands, or actions, causes of action or suits of whatsoever kind or nature for damages sustained by the normal client or accruing to the undersigned in consequence of any accident or occurrence resulting from the use of durable medical equipment and/or participation in any activity or program of ESI and regardless of whether the named client is not on the premises of said ESI, and is engaged in any venture or solely on his or her own behalf.

I give permission for the applicant to attend ESI sponsored programs and to ride in vehicles operated or leased by ESI.

I agree to not send this applicant to an ESI program if he or she has been exposed to contagious disease within three weeks of the starting date of the program and to notify Easterseals Iowa Camping, Recreation, and Respite services immediately if this situation arises.

The applicant has permission to engage in all prescribed activities except those noted by an examining physician or physician assistant and me. In the case of an emergency or ill health, I hereby give permission to the physician selected by ESI to order x-rays, routine test, and treatments. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by ESI to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for the named participant.

I understand that the participant is responsible for his/her own medical coverage and associated cost.

This release may be revoked in writing except to the extent action has been taken in reliance upon the release.

I understand and agree to the above section.

Signature of legally responsible person (parent, guardian, or applicant if own guardian):

Print Name: _____

Date: _____

Sign Name: _____

Relationship: _____



-Photo Consent Form-

Select 1 box and Signature Required

Client Name: _____

Program Name: _____

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easterseals Iowa may be used by Easterseals Iowa, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easterseals Iowa and that these materials may be released to the general public. I assign to Easterseals Iowa all of my rights to these materials. All photographs and other media which include your image are the sole property of Easterseals Iowa. Such photos may be used at various times unless you revoke this photo consent in writing. Any revocation is valid from the date it is received by Easterseals Iowa and will not apply to photos that have been used prior to the revocation in any publication or other media.

I understand that these materials may be published on Easterseals Iowa's network of Web sites and this may disclose my personal and protected health information. To ensure the privacy of any person under age 18, Easterseals Iowa will use only the first name and the location of the Easterseals Iowa organization where a minor receives services. Easterseals Iowa does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals Iowa may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals Iowa on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals Iowa will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals Iowa to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals Iowa in writing by sending my revocation to Easterseals Iowa Intake/Marketing Coordinator. I understand and agree that once Easterseals Iowa, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

Yes - please take and/or use my picture.

No - please do not take and/or use my picture.

I fully understand the contents of this release and authorization.

Camper Signature

Date

Guardian Signature

Date



**ACKNOWLEDGEMENT OF RECEIPT OF THE
EASTERSEALS IOWA INCORPORATED
NOTICE OF PRIVACY PRACTICES**

Signature Required

Client Name: _____

Program Name: _____

I, _____, acknowledge that I have received a copy of The Easterseals Iowa Incorporated's Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by Easterseals Iowa and states my rights with respect to my health information. I understand Easterseals Iowa has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Easterseals Iowa revises its information practices, a revised Notice will be posted at each Easterseals Iowa location and that I may obtain a current Notice of Privacy Practices at any time from the Easterseals Iowa State Office or the website at www.eastersealsia.org.

Signature of Client/Guardian/Representative

Date Signed

If Guardian/Representative - State relationship to client



Consent to Leave Phone Messages/Release of Information

Client Name: _____

Program Name: _____

By completing the consent below, you authorize us to release information or leave a detailed message on voicemail or with a specific individual. All campers must have an emergency contact listed who will answer their phone and respond to messages while the camper is at camp.

Option A- I give my consent to Easterseals to release and/or leave messages regarding services as necessary in the following situations:

- 1. On cell phone via voicemail
- 2. On cell phone via text message
- 3. On answering machine at home
- 4. On voicemail at work
- 5. With _____ (Relationship) _____

Client Signature

Date

Guardian Signature (if applicable)

Date

Option B- I do not consent to messages being left. Please contact directly


Client Signature

Date

Guardian Signature (if applicable)

Date

Important!

Waiver Funding Next Page 

Private Pay Information:

- A non-refundable \$50 deposit is required to register a camper for the summer. The deposit will be applied to the last camp session. The entire amount is required to be paid even if the camper will not attend the entire camp.
- If the camper can no longer attend the registered camp sessions, please contact the Program and Support Specialist at 515-309-2375. Full payment will be required if cancellation is made less than 7 days prior to camp session week.
- **Full payment is due three weeks before the client attends his/her camp session.** Failure to pay in advance may result in a loss of registration for that session. Failure to cancel registration could lead to cancellation of future registered weeks.
- You can send deposits (with application packet) or remaining payment balances to our Program and Support Specialist at:

Easterseals Iowa

Attn: Camp and Respite

401 NE 66th Ave

Des Moines, IA 50313

- **Day Camp Programs will maintain a strict adherence to the closure time. There will be a late charge of \$10 due at the time of pick-up if a parent comes for a camper after their pick up time. It will be an additional \$1 per minute after 15 minutes.**

If you need to cancel a week or make changes please contact the Program and Support Specialist at least a week in advance. Failure to notify the Program Support Specialist of your cancellation could mean cancellation of future registrations.

Important!

If you are using Waiver Funding:

- **Please contact your Case Manager before sending in the application.** We ask that you discuss with them how many camp sessions you are interested in, what type(s), and what dates the camps occur on to ensure the proper funding will be provided.
- The entire unit amount per camp is required to be authorized by the waiver, even if the camper will not attend the full time
- Please contact our Program and Support Specialist if there are barriers with the Case Manager being able to submit funding and care plan to Easterseals within the requested time frame
- Please send all available funding and billing information with the application to our Program and Support Specialist:

Easterseals Iowa

Attn: Camp and Respite

401 NE 66th Ave

Des Moines, IA 50313

Email: campandrespite@eastersealsia.org

Fax: 515-289-1281

Current Waiver Rates

Bridge Day Camps: T2037

\$1.20/unit

180 Units per week

Resident Camp: T2036

\$1.33/unit

484 Units per week

If you need to cancel a week or make changes please contact the Program and Support Specialist at least a week in advance. Failure to notify the Program Support Specialist of your cancellation could mean cancellation of future registrations.

2023 Weekly Themes

- 1) **Around the World**—HOLA, BONJOUR, GUTEN TAG! This summer, join us for the unique opportunity to travel around the globe while exploring the many cultures and countries of our summer camp counselors! Grab your passport to have a fun experience with many new foods, activities, dances, games, and more! From Australia to Europe, to South America and Asia –come and see what our counselors have in store!
- 2) **Western Week**—Yeehaw! It's back again for another time around the barrel! Enjoy a rodeo, horseback riding, and lots of Country Western Music during this honky-tonk week. We will also turn camp into the Wild West with demonstrations from the Pony Express Riders of Iowa. Costumes and Western wear are encouraged!
- 3) **Disney/Marvel**—Once Upon a Time & WHAM! BAM! POW! What a fun week that is to be had with Princesses & Superheroes of all kinds. Come experience this crime-fighting, magical week at Camp Sunnyside. Merida will be at the archery range and Spider-Man will be climbing the rock wall. Bring your costumes to this fun-filled week!
- 4) **Rock n' Roll**—ATTENTION TO ALL YOU ROCK FANS, this camp is for you! With music blaring all week long on the patio, each day we will go back in time and visit music from the 60's, 70's, 80's, 90's, and today. This week totally ROCKS! We also encourage our campers' creativity by making music and instruments of our own.
- 5) **Wet n' Wild**—Splish Splash! This week is all about fun filled water activities! Get ready to spend countless hours in Lake Cheerio, searching for the Lochness monster, water fights, slip n' sliding and get wet and wild as we go on an adventure under the sea in the pool.
- 6) **Color War**—Each cabin group will compete and participate in all different kinds of obstacles, paint the counselor, paint/ slime fight, color walk, and so much more fun.
- 7) **Sunnyside Olympics**—Ready, Set, Go! Campers will partake in week-long events and competitions, representing their cabin groups! Campers will have the opportunity to win relay races, catch the biggest fish, hit the most targets, be the top Ga-Ga Ball competitor, coach their counselors, and so much more. Opening ceremonies begin Monday!
- 8) **Choose your own Adventure**—This week is all about choosing your own camp experience. Work together with your cabin group to decide your fate throughout the week. Are you ready for the adventure that lies ahead?
- 9) **Holiday Week**—It's that time of year, time to CELEBRATE and CHEER, for all your favorite holidays are wrapped up into one week. Get ready to have all the fun you usually have on Birthdays, Halloween, Winter Wonderland, and many others all week long.
- 10) **Survivor**—The TRIBE has spoken! Learning simple skills like how to cook over a fire, how to ride a horse, shoot a bow and arrow, and climb to the top of the rock wall. Campers will spend the week learning about local plants and animals, stargazing, building shelters, and nature walks. This week, campers explore the great outdoors and everything it has to offer!



Easterseals Iowa Camp Sunnyside

Bridge Camp

Client Name: _____ Today's Date: _____

Date of Birth: _____ Guardian Email: _____

Please Note: Alternative weeks will be used if available in event original choices become full and waitlisted.

Day Camp Weeks

Please only mark the session(s) you want to be registered for

Please Circle Yes or No for each week(s) chosen

Week 1: June 12-16	<input type="radio"/> Around the World	Extended hours: yes no
Week 2: June 19-23	<input type="radio"/> Western Week	Extended hours: yes no
Week 3: June 26-30	<input type="radio"/> Disney/Marvel	Extended hours: yes no
Week 4: July 3-7	<input type="radio"/> Rock n' Roll	Extended hours: yes no
Week 5: July 10-14	<input type="radio"/> Wet n' Wild	Extended hours: yes no
Week 6: July 17-21	<input type="radio"/> Color War	Extended hours: yes no
Week 7: July 24-28	<input type="radio"/> Camp Sunnyside Olympics	Extended hours: yes no
Week 8: July 31–Aug 4	<input type="radio"/> Choose your own Adventure	Extended hours: yes no
Week 9: Aug 7-11	<input type="radio"/> Holiday Week	Extended hours: yes no
Week 10: Aug 14-18	<input type="radio"/> Survivor	Extended hours: yes no

Please List Two alternative weeks: Alternative Week 1st Choice _____ Alternative Week 2nd Choice _____

I do not have a preference, and I want this many weeks **total** _____

Resident (overnight) Camp Weeks

Please List Two alternative weeks:

Week 3: June 25-June 30	<input checked="" type="radio"/> Disney/Marvel
Week 5: July 9-14	<input checked="" type="radio"/> Wet n' Wild
Week 7: July 23-28	<input checked="" type="radio"/> Camp Sunnyside Olympics

Alternative Week 1st Choice _____

Alternative Week 2nd Choice _____

I do not have a preference, and I want this many weeks

total _____



Bridge Camp 2023 Financial Form

Office use only	
Client ID	_____
Program	_____

Client Name: _____ Birthdate: _____

Are you paying privately? Where would you like us to send the invoice?

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

I prefer electronic billing statements Email Address for billing: _____

Method of Payment:

Check (Make payable to Easterseals Iowa)

Amount Enclosed: \$ _____

Credit Card Visa MasterCard Discover

Amount Authorized: \$ _____

Card Number: _____

Expiration Date: _____ 3 Digit Code: _____

Name on Card: _____

Signature: _____

\$50 Deposit Required

Would you like us to charge your card for the remaining balance the Wednesday before the session? Yes No

Requesting Campship

Campers are eligible to receive one Campship per season, **but not guaranteed.**

Amount Requested: \$ _____

\$50 Deposit Required

Please note:

- The non-refundable \$50 deposit must be sent with the application. **Deposits will be applied to the last camp session.**
- All outstanding balances must be paid prior to registration.

Are you paying with a waiver? Yes No

If yes, please fill out this section only

Molina

Iowa Total Care

Amerigroup Iowa

HIP/IME

MCO ID Number: _____

Medicaid ID Number: _____

Please contact your case manager before sending in the Application and Registration forms to ensure the proper funding is in place. We will need a current care plan along with the authorization.

Case Manager Name: _____

Case Manager Phone Number: _____

Case Manager Email: _____

Office use only

Registered Weeks — (*) Extended Hours

Camp _____

__1, __2, __3, __4, __5, __6, __7, __8, __9, __10