



Easter Seals Iowa

Bridge Day Camp 2018 Checklist

******* Please allow up to 2 weeks of processing of application once ALL paper work from checklist below has been received to the Program and Support Specialist. Please send all items together, in one shipment, in order to begin the process of the application. Sending partial applications does not hold or reserve a spot for your camper.** Bridge Camp is for ages 6-12. Hours are Monday through Friday, 8:00 am-5:00 pm. Extended hours are available. This program is private pay only. \$150 per week if Extended Hours are needed there will be an additional \$50 added. *****

As you complete the application, please check off the items from this list:

- 2018 Application
- Health History Form
- All Release Forms (*Notice of Privacy Practices, Waiver of Liability, Photo Consent Form*)
- Physical Form (*valid for 2 years*) + immunization records
- Physical with signature (*we do not accept electronic signatures*)
- Financial Information Form/Bridge Day Camp Registration Form
- \$50 non-refundable deposit

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

Email: campandrespite@eastersealsia.org
Mail or Drop Off: Easter Seals Iowa
Attn: Camp and Respite
401 NE 66th Ave
Des Moines, IA 50313

Once we have registered you for camp, you will receive a letter via mail confirming the week(s) you are registered for. Please contact the Program and Support Specialist 515-309-2375 or campandrespire@eastersealsia.org if you have any questions. Thank you for choosing Easter Seals Iowa!



Easter Seals Iowa Camp Sunnyside

-BRIDGE CAMP-

Application 2018

Office use only:

Bridge Camp is designated for campers who can be independent with personal cares and maintain a 1:8 staff to camper ratio at all times.

If your camper needs more support, please fill out the application for Supported Day Camp.

Ages 6-12 \$150 per week, \$50 non-refundable deposit required

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

Primary Language: English Spanish Other: _____ **Ethnicity:** _____

Camper Height: _____ **Camper Weight:** _____ **Camper Age:** _____

Are you new to camp Sunnyside? Yes No

Does your camper receive additional support in school? Yes No If Yes, Please Explain: _____

Food Allergies: _____ **Reaction:** _____

Other Non-Food Allergies: _____ **Reaction:** _____

Does the camper need assistance in the event of a fire, tornado, flood or bomb threat? Yes No

Guardian 1		
First Name:	Last Name:	Relationship:
Address:		
City:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:	Preferred Method of Contact:	

Guardian 2		
First Name:	Last Name:	Relationship:
Address:		
City:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:	Preferred Method of Contact:	

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

Application Completed By: _____ **Date:** _____
(Print)

Relationship: _____

Signature of Legal Guardian: _____
(Must have guardian signature)

PHOTO CONSENT

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easter Seals may be used by Easter Seals, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easter Seals and that these materials may be released to the general public. I assign to Easter Seals all of my rights to these materials. All photographs and other media which include your image are the sole property of Easter Seals 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 Easter Seals 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 Easter Seals' network of Web sites and this may disclose my personal and protected health information. To ensure the privacy of any person under age 18, Easter Seals will use only the first name and the location of the Easter Seals organization where a minor receives services. Easter Seals does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easter Seals may decide not to use them.

I acknowledge that the rights described above are granted to Easter Seals 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 Easter Seals 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 Easter Seals to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easter Seals in writing by sending my revocation to Easter Seals Intake/Marketing Coordinator. I understand and agree that once Easter Seals, 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.

Signature of Guardian/Representative
(Must have signature and box chosen above)

Date Signed

Print Name

Relationship to Client



-Bridge Camp-

Client Name: _____

WAIVER OF LIABILITY

With the understanding that Easter Seals 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 Easter Seals 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):

Signature of Guardian/Representative
(Must have guardian signature)

Date Signed

Print Name

Relationship to Client

ACKNOWLEDGEMENT OF RECEIPT OF THE EASTER SEALS IOWA INCORPORATED NOTICE OF PRIVACY PRACTICES

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

Signature of Guardian/Representative
(Must have guardian signature)

Date Signed

Print Name

Relationship to Client



Easter Seals Iowa

-Health History Form-

Client Name: _____ Birthdate: _____

please complete all fields and return this form

In the event of an emergency, I give permission for Easter Seals Iowa to contact the following **three** individuals: (Please list contacts in the order you would like them to be contacted). In the event of an early discharge please have a plan I place within an hour.

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Regular Physician: _____

Daytime Phone: _____

Preferred Hospital: _____

Medicaid ID: _____

Insurance Carrier: _____

Policy #: _____

Please List all allergies and reactions: _____

Do you carry an Epi Pen? Yes No ****If so, please bring your Epi Pen with you to your sessions****

Any recent surgery or illness? _____

Any Chronic or recurring illness? _____

Any other information? _____

Does this person have a seizure disorder? Yes No Date of last Seizure: _____

Scheduled, PRN (as needed) and Non-Prescription Medications:

Dosage:

Name of Person Completing Form: _____

Date: _____

Contact Number: _____



-Physical Examination Form-

Client Name: _____ **Birthdate:** _____

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

Height: _____ **Weight:** _____

BP: _____ **Pulse:** _____

State the most recent date of occurrence:

Chicken pox _____

Measles _____

German Measles _____

Mumps _____

	Normal	Abnormal
EENT		
Heart		
Lungs		
Resp.		
GI		
Abdomen		

Known allergies and reaction: _____

Epi-Pen? Yes No

	Yes	No	Please Explain
The applicant is under the care of a physician for a medical diagnosis/disability.			
The applicant can participate in the following adapted activities: Swimming, horseback riding, zip-line, rock wall, adventure tree climbing, and other outdoor activities			
The applicant has received a Tetanus Booster within the last ten years.			
Date of most recent Tetanus Booster: _____ <i>*please attach all immunization records*</i>			

I have examined the person herein described and reviewed his/her health history. It is 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.

Signature of examining physician or physician's assistant

Please print name

Fax: _____

Telephone: _____

Date of Exam: _____

Date Form Completed: _____



Bridge Camp -Registration 2018-

Client Name: _____

Today's Date: _____ Birthdate: _____ Age: _____

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
 Amount Enclosed: \$ _____
(make payable to Easter Seals Iowa)

Credit Card
 Visa MasterCard Discover
 Amount Authorized: \$ _____
 Card Number: _____
 Name on Card: _____
 Signature: _____
 Expiration Date: _____ 3 Digit Code *(on back of card)*: _____
 Would you like us to charge your card for the remaining balance the Wednesday before the session? [] Yes [] No

Bridge Camp is for ages 6-12.

Check-in is weekdays 8-9 am.

Check-out is weekdays 4-5 pm.

please mark all sessions you would like to attend

- | | | |
|---|---|--|
| B1 <input type="checkbox"/> June 11-June 15
Myth Busters | B2 <input type="checkbox"/> June 18-June 22
Under the Sea | B3 <input type="checkbox"/> June 25-June 29
Western Week |
| B4 <input type="checkbox"/> July 2-July 6
Stars and Stripes | B5 <input type="checkbox"/> July 9-July 13
Superheroes | B6 <input type="checkbox"/> July 16-July 20
Shipwrecked |
| B7 <input type="checkbox"/> July 23-July 27
Rock and Roll | B8 <input type="checkbox"/> July 30-Aug 3
Choose Your Own Adventure | B9 <input type="checkbox"/> Aug 6-Aug 10
Animal Planet |
| | | B10 <input type="checkbox"/> Aug 13-Aug 17
Slime Time |

EXTENDED HOURS

Please check each week and at what time you will be using extended hours.

(if you will not need to use extended hours, please ignore this section)

Extended hours run from
 7:00 am - 8:00 am and
 5:00 pm - 6:00 pm.

They are available for an additional fee of \$50 per week. This payment must be paid in full before the session starts.

	Between 7-8 AM	Between 5-6 PM	Both AM & PM
1- June 11-June 15			
2- June 18-June 22			
3- June 25-June 29			
4- July 2-July 6			
5- July 9-July 13			
6- July 16-July 20			
7- July 23-27			
8- July 30-Aug 3			
9- Aug 6-Aug 10			
10- Aug 13-Aug 17			

Thank you for choosing Easter Seals Iowa Camp Sunnyside!

Once you have completed this application, please send it with the \$50 non-refundable deposit to Camp Sunnyside by one of the following methods:

Email: campandrespice@eastersealsia.org

Fax: 515-289-1281

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

IMPORTANT!

- Bridge Camp is for ages 6-12. Check in is weekdays 8-9 am and check out is weekdays 4-5 pm. Bridge Camp is designated for campers who can maintain a 1:8 staff to camper ratio at all times and be independent with personal cares.
- Once a camper is fully registered, a letter will be sent to the camper's residence confirming the week (s) they are registered for.
- A non-refundable \$50 deposit is required to register a camper. Please send the deposit with the application, as the camper cannot be registered until we receive it. We do not reserve or hold spots. The \$50 deposit will be applied to the first camp session.
- Full payment is \$150 and due three weeks before the client attends his/her camp session. Failure to pay in advance may result a loss of registration for that session. If the remaining balance is sent separately from the deposit and application, please send it to our Accounting Department at:
Easter Seals Iowa
Attn: Accounting
401 NE 66th Ave
Des Moines, IA 50014
- The full \$150 is required even if the camper will not attend the entire camp session.
- Any application turned in after July 1st, 2018 will require the camp payment to be made in full before the camper can be registered.
- If the camper can no longer attend the registered camp sessions, please contact the Program and Support Specialist at 515-309-2375. Failure to cancel the camp session at least one week before the camp session begins may result in the billing contact identified on the Registration Form being charged for the full camp session .
- Failure to call in to cancel registration could lead to cancellation of future registration weeks.
- If you are using extended hours, please remember the Day Camp Programs will maintain a strict adherence to the 6:00 p.m. closure time. There will be a late charge of \$10 due at the time of pick-up if a parent comes for a client between 6:00 pm – 6:10 pm. After 6:10 pm, there is an additional charge of \$1 per minute.

If you have any questions, please contact our Program and Support Specialist, at

515-309-2375 or campandrespice@eastersealsia.org.



Bridge Camp 2018

- Theme Descriptions -

B1 Myth Busters: Fact or Myth: A Sasquatch (Big Foot) resides at Camp Sunnyside. Help us bust this mystery after an evening Sasquatch hunt and join us for other myth busting activities!

B2 Under the Sea: Mermaids, Sharks, and Sea Creatures Oh MY! This week is all about fun filled water activities! Get ready to spend countless hours at Lake Cheerio, search for the Lochness monster, and get wet and wild as we go on an adventure under the sea.

B3 Western Week: Yeehaw! It's back again for another time around the barrel! Enjoy a rodeo, horse-back 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!

B4 Stars and Stripes: Celebrate our great Nation this week with our Fourth of July celebration! This week will be filled with many fun, patriotic activities – including a Parade! Come wearing your red, white, and blue.

B5 Superheroes: Camp Explore is being offered to all children in Iowa with visual impairments. Easter Seals Iowa is collaborating with Iowa Braille School to make this a special session designed for persons with visual impairments, but anyone is welcome to join in the fun. You will also get to experience being a crime-fighting superhero in this fun filled week so bring your superhero costumes!

B6 Shipwrecked: Oh no! You've been shipwrecked at camp! Complete treasure hunts, search for gold, and learn survival skills. Plus join in on the fun of the Regatta!

B7 Rock and Roll: If you like to rock and roll, this camp is for you! With music blaring all week long on the patio and a live performance by a cover band, this week totally ROCKS! We also encourage our campers' creativity by making music and instruments of our own.

B8 Choose Your Own Adventure: This week is all about choosing your own adventure. Work together with your cabin to decide your fate throughout the week. Are you ready for the adventure that lies ahead?

B9 Animal Planet: Learn all about the farm and wildlife animals of Camp Sunnyside. Get a chance to learn to care for, feed and spend some time with the domestic animals of Sunnyside. Then while out and about get a chance to see the wild side of camp.

B10 Slime Time: Let's get ready for some slime time! Make some goop, or slide down our banana split and slide. Prepare to get ewwy during this super slimy week.