



March 26th, 2021

Dear Families:

We hope you are having a wonderful school year. We can't wait to get back into the swing of things!

Enclosed, please find the 2021 application for Camp Colonie. (**Camp dates are July 5 – August 13**). Please note that we will be **closed July 5** in observance of Independence Day. **Our first day of camp will be July 6th**. Please take the time to fill out the application thoughtfully, as the more information we have about your child, the more prepared we will be to meet their needs. Below is a check list to ensure your application is complete. Get the application back to us ASAP. **ALL MEDICAL PAPERWORK MUST BE RECEIVED NO LATER THAN JUNE 1**. It is best if you send it with your application. Returning campers and families, please see below.**

For those of you who are sending your children through the school districts, please communicate with them. We are also gathering lists from the schools to plan our summer. If in doubt, send in the application!

We are offering returning campers and school students an early slot before we begin sending out applications to new families. To that end, **PLEASE RETURN YOUR APPLICATION APRIL 15 if you hope to hold a slot for your child. We cannot promise that your slot will still be available after this date. We look forward to seeing you all.

Sincerely,

Ashley Vicari
Camp Colonie Director
Easter Seals NY, Inc.
Mobile: 845-645-1808
Email: avicari@eastersealsny.org
Fax: 845-794-4029

IMPORTANT INFORMATION

- ANY MEDICATIONS GIVEN AT CAMP MUST HAVE A PRESCRIPTION ON FILE WITH THE NURSE.**
- YOUR CHILD'S IMMUNIZATION RECORDS AND LATEST PHYSICAL. MUST BE SENT OR EMAILED TO CAMP COLONIE BY JUNE 1st.**
- PLEASE PROVIDE MULTIPLE PHONE NUMBERS FOR US TO CONTACT YOU.**
- PLEASE PROVIDE DETAILED EMERGENCY CONTACT INFORMATION.**
- THERE IS NO LONGER A \$30 REGISTRATION FEE.**
- ***PLEASE SIGN THE MEDICAL, SWIMMING, AND SUNSCREEN RELEASE**
- **PLEASE CHECK THE APPROPRIATE BOX AND SIGN THE PHOTOGRAPHIC RELEASE FORM.**

ITEMS TO NOTE:

- **Transportation cannot be guaranteed for every camper as our space is limited to the last two weeks in Schenectady.**
- **We do not have refrigeration at camp. Please consider this when you pack lunch for your child.**
- ****Our slots fill up very quickly. We cannot guarantee a slot at camp without an application. RETURN THIS APPLICATION TO US AS SOON AS POSSIBLE**.**
- **Please do not leave any part of the application blank as it will delay registration for your child.**
- **Scholarships are limited.**

Easter Seals Camp Colonie is a unique educational and recreational summer experience for neuro-diverse children at Colonie Mohawk River Park, Cohoes, NY. We have a long history of academic and social success with children ages 5-21, and we look forward to providing your child with a rewarding summer. When your application is complete, please mail it to our temporary address: Easter Seals NY ATTN; Marianne Gribbon, 97 Old Route 6 Suite 7, Carmel NY, 10512



Attach photo of camper here

2021 SUMMER CAMP APPLICATION

MUST BE FULLY COMPLETED BEFORE CAMPER IS CONFIRMED

Mail to: Easter Seals NY ATTN: Ashley Vicari, 22 ST John St. Monticello NY 12701
OR FAX: 845-794-4029
Phone: (845)645-1808
Email: avicari@eastersealsny.org

Camp Colonie is a program of Easter Seals New York. This information is required for Camp Colonie's use only in helping to make the applicant's camp experience positive and enjoyable and will be held in the strictest confidence.

Please indicate program choice: [] Day Camp [] School** (CSE Approved School Placement ONLY)

Last Name First Name Sex DOB (mm/dd/year) Entering grade in Sept 2021?

Camper's Address City State Zip

Custody Status (Please check one) Joint ___ Mother ___ Father ___ Other ___

*Guardian(s) (and relationship to camper) _____

*Guardian's address (if different than camper's) _____

*Guardian's primary phone number _____ *Secondary phone number _____

* Primary email address _____

*Emergency contact and relationship _____ Phone 1 _____ Phone 2 _____

Parent/guardian place of employment _____

*Camper's school and district: (for all campers and students) _____

A one-on-one aide is needed for this camper (CSE APPROVED ONLY) Yes ___ No ___

Please indicate which sessions you request for your child to attend Camp Colonie:

- Session 1 - July 5 - 9
Session 2 - July 12 - 16
Session 3 - July 19 - 23
Session 4 - July 26 - 30
Session 5 - August 2 - 6
Session 6 - August 9 - 13

[] Approved Summer School (Weeks 1-6)***

*** (APPROVAL MUST BE MADE THROUGH SCHOOL DISTRICT)

TRANSPORTATION INFORMATION AND REQUEST FORM

You will be contacted by the bus company a few days before your child begins camp. School students will be transported by the district.

Yes, I would like to use the transportation provided by Easter Seals (Weeks 5 and 6 only within Schenectady).
No, I do not need to use transportation.

ONLY THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK MY CHILD UP FROM CAMP. (Those picking up your child from camp must have ID to be checked by staff) . If someone else will be picking up your child, please call us!

****Camp Colonie is permitted and inspected twice annually by Albany County Department of Health. Copies of these inspections are maintained at Albany County Dept. Of Health 175 Green St. Albany NY 12201**

CAMPER INFORMATION

Please list any and all disabilities with which your child is diagnosed, including developmental, emotional and physical.

PERSONAL HISTORY

Height _____ Weight _____

EATING: No assist _____ Partial assist _____ Total assist _____

***Special diet or food restrictions (diabetic, low salt, blended, etc).** _____

Does camper have any difficulty swallowing? _____

HEARING: Normal _____ Hard of hearing _____ Total loss _____

SPEECH: Normal _____ Mildly affected _____ Severely affected _____ Nonverbal _____

COMMUNICATION: Verbal _____ Sign language _____ Communication board _____
Other (please explain) _____

VISION: Normal _____ Partial loss _____ Legally blind _____

MOBILITY: Walks ___ Crutches ___ Walker ___ Wheelchair (manual ___ electric ___) Other _____
Does camper independently operate wheelchair? Yes ___ No ___

ADAPTIVE DEVICES: None ___ Please explain _____

TOILETING: Bladder Control: Normal/No assist _____ Occasional Incontinence _____
Partial assist _____ Total assist _____
Bowel Control: Normal/No assist _____ Partial assist _____ Total assist _____

Please specify any toileting needs: _____

DRESSING: No assist _____ Partial assist _____ Total assist _____

BEHAVIOR PLAN: Yes _____ No _____

*****IF YOUR CHILD IS ON A BEHAVIOR PLAN AT SCHOOL OR AT HOME, PLEASE INCLUDE IT WITH THIS APPLICATION SO WE CAN ENSURE CONSISTENCY WITH THE HOME OR SCHOOL'S PLAN.**

CAMP FEE

\$425.00 for one week of Day Camp (Limited partial scholarships available)

Students with 12 month IEP's enrolled in summer school are paid for by the child's school district.

Are you in need of a scholarship? (yes ___ no ___) (full ___ partial ___). **Scholarship money is very limited***

THERE IS NO LONGER A REGISTRATION FEE FOR THIS APPLICATION!

I.

PHOTOGRAPHIC RELEASE

- I hereby grant permission for said camper to be photographed, with such pictures and names to be used in public relations and fund-raising efforts to promote programs of Camp Colonie and Easter Seals New York, Inc.
- I do NOT grant permission for said camper to be photographed, with such pictures and names to be used in public relations and fund-raising efforts to promote programs of Camp Colonie and Easter Seals New York, Inc.

Guardian's signature _____ Date _____

SWIMMING RELEASE

____ I hereby grant permission for camper to swim in the Colonie Mohawk River Park pool during the time allotted for Camp Colonie.

Guardian's signature _____ Date _____

MEDICAL RELEASE

____ I hereby grant permission to the Camp Colonie and/or authorized representatives to furnish or arrange for the furnishing of such hospital and/or medical care as _____ (camper name) may require during such time as he/she is at Easter Seals' Camp Colonie. This medical care shall include, but not be limited to, examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc. This permission is conditioned upon the understanding that in an event of serious illness or accident, or in the event of a need for hospital services and/or major surgery, said person will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of the said camper. For and in consideration of said covenants, the camper and the undersigned hereby release, acquit, and covenant to hold harmless the said Camp Physician/Camp Nurse/ Camp Medical Director and all other persons, firms, and corporations from all claims, damages, and causes of action of whatever nature which may accrue to the said camper or the undersigned, their heirs, executors, administrators and legal representatives and assigns, arising out of any of the above procedures.

Signed (Parent or guardian) Print Name Date

SUNSCREEN APPLICATION PERMISSION:

____ I hereby grant permission to the staff at Camp Colonie to apply sunscreen, as needed, to my child if they need help doing so or are unable to apply it by themself.

Signed (Parent or guardian) Print Name Date

Insurance Coverage for accidents or illnesses while at Camp Colonie is the responsibility of the camper and/or their family.

Please list your family health, accident, medical, or hospital insurance coverage:

CARRIER _____ POLICY OR GROUP NO. _____
MEDICARE NO. _____ MEDICAID NO. _____
Child's Physician's Name _____ Physician's Phone Number _____

MEDICAL INFORMATION- EVERY BLANK MUST BE COMPLETED!!

Please enclose with this application:

IMMUNIZATION RECORDS AND LATEST PHYSICAL.

A copy of the physician prescriptions along with detailed and complete written instructions for any medication given at camp.

The camper's physician MUST sign this form for any medications given at camp even if there is a prescription!

Allergies to medications or food? _____

Medical or behavioral issues (actions when upset, aggression, withdrawing, etc). _____

Recent illness or hospitalizations? Yes ___ No ___ If yes, please explain _____

MEDICATIONS: Please list all medication, dosages, and times medication is to be taken, including medication given only at home. Please be accurate and complete. ****Copies of prescriptions must be on file at camp in order to dispense medication to campers.****
(If no medications, please write "NONE").

Name of medication Dosage (mg) # of pills Times to be taken (or please write "home")

List any further medications on a separate sheet please. **IF NO MEDICATIONS TAKEN, PLEASE WRITE "NONE".**

***** A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS AND LATEST PHYSICAL MUST BE SENT OR EMAILED TO CAMP COLONIE PRIOR TO STARTING.**

*****PARENT OR LEGAL GUARDIAN MUST GIVE MEDICATION DIRECTLY TO THE NURSE. DO NOT GIVE MEDICATION TO YOUR CHILD OR SEND IT ON THE BUS*****

*****ALL MEDICATIONS GIVEN AT CAMP MUST HAVE A DOCTOR SIGNED PRESCRIPTION ON FILE WITH THE CAMP NURSE*****

**** PLEASE NOTE:** Camp nurse MUST be notified if the above medications change between the time application is submitted and the actual camp date. Camp Colonie Staff provides routine health care to all campers, staff, volunteers, and visitors as necessary. Registered nurse delivers routine prescription medications. Beginning June 1st, the Camp's Director of Health Services will be available for consultation on any special considerations or concerns.

By signing this I agree to allow Camp Colonie to administer the above prescribed medications and any necessary over-the-counter medications to _____ (name). I am waiving all claims that might arise from the administration of said medication(s).

Parent/Guardian's Signature: _____

*****IF THERE IS ANY OTHER INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD, PLEASE ATTACH A SEPARATE PIECE OF PAPER WITH THIS APPLICATION**

Dear Parent/Guardian:

Due to a change in New York State Education Department regulations, the following medications will only be administered at Easter Seals Camp Colonie with your health care provider's written order and your written permission. Some of the medications available at camp are listed below.

Please have your health care provider check the medications appropriate for your child. Only one camper per form. Each camper must have this individual medication order on file.

	<u>Comments</u>
___ Acetaminophen - 325 mg - pain relief	_____
___ Acetaminophen - 80 mg - liquid/chewable - pain	_____
___ Antacid - liquid - relief of upset stomach	_____
___ Bacitracin topical ointment	_____
___ Benadryl topical cream	_____
___ Benzalkonium - antiseptic solution	_____
___ Calamine - relieves itching	_____
___ Chloraseptic Spray	_____
___ Hydrocortisone topical cream 1%	_____
___ Orajel - oral pain relief	_____
___ Vaseline Lotion and Ointment	_____

Camper Name _____ Date of Birth _____

Date _____ Health Care Provider's Signature _____ Telephone # _____

PHYSICIAN SIGNS HERE

* Please print or stamp name _____

Date _____ Parent/Guardian's Signature _____ Telephone # _____

PARENT SIGNS HERE