



The Arc™

Center of Hope Foundation

CAMP HOPE 2023 SUMMER

June 26th - August 18th

Monday-Friday 9:00 - 3:00

Camp Foscett - 189 Daniels Road Charlton, MA 01507

Ages 6-21 (6-12 Non-Disabled)

THIS CAMP COMPLIES WITH REGULATIONS OF THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (CMR 430) AND LICENSED BY THE LOCAL BOPARD OF HEALTH.

Camp Hope is an **inclusive day camp** that strives to provide a traditional summer camp experience for all. We use inclusive methods for integrating children with developmental disabilities into a traditional camp population to provide a rewarding and fulfilling experience for all.

**WE PROVIDE THE KIND
OF EXPERIENCE THAT
ONLY SUMMER CAMP
CAN PROVIDE!**

Games

Arts & Crafts

Aquatics

& More

JOIN US for an exciting summer of fun and enjoyment whether it's just for one week or the whole summer!

WHAT TO BRING TO CAMP:

Swimsuit, Towel, Sunscreen, Change of Clothes, Raincoat, Snacks, Mask, Bag Lunch, Insect Repellant (DEET Free)

WHAT NOT TO BRING TO CAMP:

Glass Bottles, Electronics, Toys, Knives/Fools

Camp Hope is not responsible for lost, stolen, or damaged items. Any items with value, monetary or sentimental should be left at home. At the discretion of staff, any item may be held in the office until the end of the day at which point it will be sent home with the camper. For any items that present a safety risk, staff will only return it directly to parents or another authorized adult to pick up the camper. If we request any items to specifically be brought, we will send home a flyer making the request. An example of this may be "Bring a hat for crazy hat day."

REGISTRATION FORM

All information is needed to register for camp.

Space is Limited. Priority goes to Campers with Disabilities, then to siblings of said campers, then to non-disabled campers. Return Registration, Photo Consent, Programmatic Release Form, Emergency

Contact Info, and Child Questionnaire to:

Center of Hope

Attn: Ryan Thompson

PO Box 66

Southbridge, MA 01550

For questions, contact Ryan Thompson at 774-230-0440 or rthompson@thecenterofhope.org.

Camper's Full Name: _____ Gender: M / F

Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____

Street Address: _____ City/State/Zip: _____

Parent/Guardian Name: _____ Phone Number: _____

Alternate Phone Number: _____ Email Address: _____

Emergency Contact Information:

Primary Contact Name: _____

Phone Number: _____ Relationship to Camper: _____

Secondary Contact Name (if primary is unavailable): _____

Phone Number: _____ Relationship to Camper: _____

People Authorized to Remove Camper from Camp or in Emergency: Please include all who may provide transportation, including any friends, family, or agencies. If an agency (such as a school) is providing transportation, you do not need to list driver names, just the authorized agency. Camp staff reserves the right to hold a camper on site if someone not on the list attempts to pick up a camper. In a case where someone different is picking up, please call or send a note in with the camper.

Please select the weeks your camper would like to attend.

DDS/School Tuition Rates: \$400 per week or \$775 per week for 1:1 staffing.

Private Pay Options Available: Contact Ryan Thompson for details.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Week 1: 6/26 - 6/30 | <input type="checkbox"/> Week 2: 7/5 - 7/7 | <input type="checkbox"/> Week 3: 7/10 - 7/14 | <input type="checkbox"/> Week 4: 7/17 - 7/21 |
| <input type="checkbox"/> Week 5: 7/24 - 7/28 | <input type="checkbox"/> Week 6: 7/31 - 8/4 | <input type="checkbox"/> Week 7: 8/7 - 8/11 | <input type="checkbox"/> Week 8: 8/14 - 8/18 |

****Note: We are closed on July 3rd & 4th.**

CAMP HOPE ANNUAL PROGRAMMATIC RELEASE FORM

I hereby authorize, _____ (Camper's Name) to:

- Participate in the Summer Camp Program conducted by the Center of Hope Foundation including (but not limited to) community access trips and recreational activities including swimming that may be conducted at places other than the campsite but approved by this program.
- Be transported to any of the above by staff or volunteers of the agency and hold the operator of any agency owned vehicle harmless.
- Be transported by means other than agency owned vehicles when necessary and approved by the Center of Hope Foundation and hold the operator of any such vehicle harmless.
- I will allow the Center of Hope Foundation staff to provide emergency first aid and if necessary, transport the individual to the emergency room, or contact an ambulance if needed.
- I understand that in the case of an emergency, all efforts will be made by the Center of Hope Foundation staff to contact the Parent/Guardian and the emergency contact person listed with the agency.
- I will hold the Center of Hope Foundation and the associated camp programs and facilities harmless in the event of injury.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____

I affirm that my consent was not obtained under coercion or undue influence, and that it may be withdrawn at any time without fear of consequence. This consent must be reauthorized annually. Consent may be withdrawn at any time by the parent/guardian by notifying the Center of Hope Foundation in writing.

Person Securing Consent: _____ Date: _____

PHOTO RELEASE FORM

I, _____ (Camper's Name) grant permission to the Center of Hope Foundation to video recording/photograph/use camper's likeness or pictures in:

- Agency Brochures - To be used as a marketing tool for the Center of Hope/Camp Hope
- Program Social Stories - To introduce families and individuals seeking information/admission to the Center of Hope
- Digital Marketing - Including but not limited to: Facebook, Instagram, YouTube, agency website, etc.

I understand staff will respect my privacy and not videotape/photograph when I ask them not to. I understand staff will respect my privacy and not videotape/photograph me in embarrassing situations. I affirm that my consent was not obtained under coercion or undue influence and that it may be withdrawn as specified without fear of consequence.

Parent/Guardian Signature: _____ Date: _____

Person Securing Signature: _____ Date: _____

This consent must be reauthorized annually. Consent may be withdrawn at any time by the camper/guardian by notifying the Center of Hope Foundation in writing or by calling Ryan Thompson, Director of Family Supports at 508-764-4085.

CAMP HOPE - CHILD QUESTIONNAIRE

Camper's Name: _____

Communication Skills: (check any that apply)

☐ Verbal ☐ One to Two Word Sentences ☐ Good Receptive Skills
☐ Non-verbal ☐ Multiple Word Sentences ☐ Sign Language
☐ Limited Ability to Communicate

Mobility Concerns: (check any that apply)

☐ Needs Assistance Getting Into Vehicle ☐ Needs Assistance With Stairs
☐ Needs Assistance On Uneven Ground ☐ Walker ☐ Wheelchair

Miscellaneous Information

Behavioral Concerns - Please indicate any concerns that staff should be made aware of:

Does the camper have any strong fears, such as animals, thunderstorms, height, water, etc.? Y/N
If "yes" please indicate fear and explain a method for dealing with fears:

Does your child need assistance in the bathroom or other personal care?

List area of need and level of care required:

☐ Independent ☐ Verbal Prompting/Reminders ☐ Physical Assistance:

Does your child require modified foods? example: Food cut small, soft foods, g-tube feed, no food by mouth, etc.

Please list any other information you would feel helpful in providing the best camping experience:

Please Note: Staff will do everything in their power to address behavioral concerns but due to the nature and environment of the camp, behaviors must be able to be managed by our trained staff. Behavior that is unmanageable will result in unenrollment for the remainder of the camp season.

CAMP HOPE MEDICAL FORM

Child's Name: _____

Gender: M / F

Address: _____ City/State/Zip: _____

Physician Name: _____ Physician's Phone Number: _____

Medical Insurance: _____ Card Number: _____

Relevant Diagnosis: _____

Seizures: Yes / No (If yes, please describe) _____

Immunization History: Please indicate dates of immunizations.

DPT _____

TP _____

Measles _____

Mumps _____

Rubella _____

Polio _____

Tetanus _____

Tuberculin _____

Allergies: _____

Food Restrictions and Special Diet (if any): _____

Current Medication: _____

Additional information that will be beneficial for staff to know about the camper: _____

Physician's Signature: _____ Date: _____

You may include a current physical and immunization record instead of completing this form