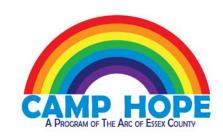


Camper Name: \_



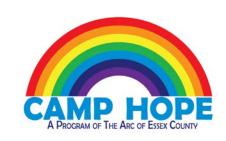
### **Application for a New Camper**

*A recent photo of your camper must be included with your application	1
---	---

Camper's school classroom/p	rogram ratio:				
Please complete each section and return with the registration form. Please provide as much detail as possible to help ensure a successful summer for the camper.					
Assistance with Daily Living Skills	No Assistance Needed	Verbal Prompts	Physical Assistance Needed	If verbal prompts or physical assistance is checked, please provide more details:	
Can feed self with fingers					
Can feed self with fork or spoon					
Can drink from cup or straw					
Can clean up after lunch					
Can identify his/her belongings					
Can undress him/herself					
Can dress him/herself					
Identifies the need to use the toilet					
Can toilet self					
Uses toilet paper appropriately					
Washes hands after toileting					
**Females only** Takes care of menstrual needs					

	Most of			
	the		Almost	
Communication Skills	Time	Occasionally	Never	Comments/helpful tips for use
Communicates basic wants				
and needs				
Uses/understands words				
and sentences to				
communicate				
Uses/understands gestures				
to communicate				
Uses/understands Sign				
Language to communicate				
Responds appropriately to				
"yes" and "no" questions				
Follows simple directions				
Follows multi-step directions				
-				
Please use this space for any				
additional comments:		T		
	Most of			
	the		Almost	
Social and Behaviors	Time	Occasionally	Never	Comments/helpful tips for use
Can he/she manage anger or				
frustration without harm to				
1 16 11 2				
self or others?				
Does he/she hit others or				
Does he/she hit others or				
Does he/she hit others or self?				
Does he/she hit others or self?  Does he/she bite others or				
Does he/she hit others or self?  Does he/she bite others or self?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property destruction?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property destruction?  Does he/she wander away				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property destruction?  Does he/she wander away or run off?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property destruction?  Does he/she wander away or run off?  Does he/she eat non-edible				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property destruction?  Does he/she wander away or run off?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property destruction?  Does he/she wander away or run off?  Does he/she eat non-edible items?				
Does he/she hit others or self?  Does he/she bite others or self?  Does he/she kick others?  Does he/she make threats to others?  Does he/she temper tantrum?  Does he/she throw objects/property destruction?  Does he/she wander away or run off?  Does he/she eat non-edible				

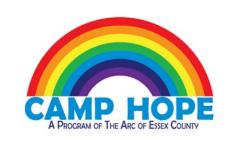




## Emergency Contacts For New and Returning Campers

- ·	different than the Parent/Guardian listed on the Regi	stration Form):		
Emergency Contact #1	Polation to Campar			
lame: Relation to Camper: Address:				
Emergency Contact #2				
Name:	Relation to Camper:			
Address:				
Phone Number(s):				
	Transportation Release			
To be completed for all campers the given to the bus company.	hat will be utilizing transportation provided by Camp	Hope. A copy of this form will		
Camper Pick-up/Drop-off Informa	tion			
The following information will help County.	determine the camper's bus pick-up/drop-off times.	Addresses must be in Essex		
Camper Name:				
Please select one: Both AM and Pl	M AM transport only PM tran	nsport only		
Address:				
(Street number)	(Town)	(Zip)		
Phone number(s) of responsible pe	erson at pick-up/drop off:			
Transportation Release				
 	, hereby give The Arc of Essex County, Inc. ("The	Arc"). Camp Hope ("Camp")		
and the Transportation Company ( necessary related transportation fo	not owned/managed by The Arc of Essex County) per			
	portation to a medical facility (by ambulance) for my feed and accurate medical medica			
Signature of Parent/Guardian:		Date:		





### **The Arc of Essex County**

Camp Hope Health History and Examination Form for New and Returning Campers (TO BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN)

### \*A COMPLETE ANNUAL MEDICAL/PHYSICAL EXAMINATION AFTER JULY 2017 IS REQUIRED TO ATTEND CAMP\*

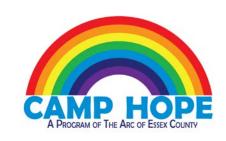
Name of Camper:				
Camper's Address:		City:	State:	Zip:
Name of Physician:				
Physician's Address:		City:	State:	Zip:
Physician's Phone #:				
ALLERGIES (List all known) Medication Allergies	Describe reaction a	and management o	f the reaction	
Food Allergies				
Other Allergies – Include plant, animal,	insect, asthma, etc.			
RESTRICTIONS (List all that apply)				
Dietary	Activities			

### **General Health Questions Camp Hope 2018**

Does the camper have/had a history of:

	<u>Current</u>	<u>History</u>	Explanation of Current Status
A) Asthma			
B) Diabetes			
C) Frequent Colds			
D) Pneumonia			
E) Lung/Breathing Problems			
F) Seasonal Allergies/Other			
G) Ear Infections			
H) Frequent Headaches			
I) Serious Skin Problems			
J) Gum Problems			
K) Dental Problems			
L) Hypertension			
M) Heart/Circulatory Problems			
N) Stomach/Digestive Problems			
O) Kidney/Urinary Problems			
P) Pica (eats inedible objects)			
Q) Hepatitis B Carrier			
R) Seizure Disorder***			
seizure disorder.	ture form to	provide the Cam	p Hope staff with details regarding the camper's
To my knowledge this Health History Fengage in all Camp activities except as		lete and accurat	e. The person herein described has permission to
Signature of Parent/Guardian			Date





### **CAMP HOPE PHYSICIAN'S EXAMINATION FORM – 2018**

For New and Returning Campers
(TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN)

\*A COMPLETE MEDICAL/PHYSICAL EXAMINATION AFTER JULY 2017 IS REQUIRED TO ATTEND CAMP\*

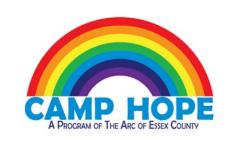
Name of Camper	Name of Camper/Patient:				
I have examined the individual named on this form.					
Date of last OK e	xamination:				
Height	Ears	Heart	Skin		
Weight	Nose	_ Lungs	Scalp		
Pulse	Throat	Abdom	Spine		
BP	Eyes	Hernia	Extm		
In my opinion, th	is individual isi	is not able to participate	in all camping activit	ties. They may NOT participate	
in the following a	activities:				
The individual is	under the care of a phys	sician for the following re	aason:		
The marviadaris	under the care of a phys	siciali for the following is			
Diagnosis(s):				_	
MEDICATIONS:					
This indiv	vidual takes NO prescribe	ed medications on a routi	ne basis.		
The follow	wing medications are or	dered for the nerson nam	ned on this form (If a	a person is on ANY medications	
that will b	e administered during ca	amp, even Ibuprofen, a p	rescription must acco	ompany medications. The	
that will be administered during camp, even Ibuprofen, a prescription must accompany medications. The prescription must specify hour of day for administration (ex. 12:00 PM, not lunchtime). The prescription must also give specific instructions for administration (ex. grind pill, open capsule, take with food, etc.)					

### **CAMP HOPE PHYSICIAN'S EXAMINATION FORM -2017**

(TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN)

Medication*	Administration Times / Special Instructions
Med # 1	
Med # 2	
Med # 3	
Med # 4	
*If there are additional medications, please	attach a separate piece of paper
Medically prescribed diet:	
Treatment(s) administered at camp:	
Known allergies:	
IMMUNIZATION RECORD (FILL T	HIS SECTION OUT OR SEND A CHART COPY/PRINTOUT)
**UNLESS ACCOMPANIED BY A MEDICAL OR IMMUNIZATION RECORD TO ATTEND CAMP.	RELIGIOUS EXEMPTION, ALL CAMPERS MUST HAVE A COMPLETED
	Date
MENINGITIS	
DTP	
TD (TETANUS/ DIPHTHERIA)	
TETANUS	<del></del>
POLIO	<del></del>
MEASLES/ MUMPS/ RUBELLA	<del></del>
CHICKEN POX TB MONTEUX*	
	results
HEPATITIS	
PNEUMOCOCCAL	<del></del>
*Within 1 year	
Additional information for health care staff a	t camp:
Signature of physician:	Date:
Phone #:	





# The Arc of Essex County's Camp Hope Program Seizure Information Form – for New and Returning Campers (TO BE COMPLETED AND SIGNED BY A DARFAT (CHARDIAN))

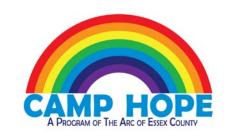
Name of Camper:				
· · · · · · · · · · · · · · · · · · ·	pports while they attend Camp Hope, please fill out the following amp staff to understand what a TYPICAL seizure looks like for the			
IF YOUR CAMPER DOES NOT HAVE A SEIZURE DISOR	<mark>DER SIGN HERE</mark> :			
does	s not have a seizure disorder as of this date.			
(name of camper)				
Signature of Parent/Guardian	Date			
If your camper has a seizure disorder, please comple History:	ete and sign below.			
Events or behaviors just before a seizure begins:				
Time of day seizure typically occurs:				
Length of time for Seizure:				
Triggers:				
Seizure classification:				
When was the last seizure?				
Description:				
Lost consciousness				
Falling				
Noises				
Irregular Breathing				

## The Arc of Essex County's Camp Hope Program Seizure Information Form

#### **Movements:**

Head and Face: Nodding JerkingTwitching	_	
Mouth: Sucking Chewing Lip Smacking	Grimacing	
Eyes: Staring Blinking Rhythmic Movement _		
Other Symptoms:		
Drooling Tongue Biting Dilated Pupils	Urination/ Soiling	Frothing
Sweating Flushed Vomiting Pale	Goose pimples	
Typical seizure lasts minutes.		
Does he/she usually have more than one seizure at a time? Yes	s No	
If yes, how many in a row?		
Post Seizure Behavior:		
Normal Restless Sleepy Confused	Deep sleep	Irritable
Other:		
On the lines located below, please include any other informatic checklist or to elaborate on any area:	on that may not have beer	n included on the above
This seizure history is complete and correct as far as I know.		
Signature of Parent/Guardian	Date	

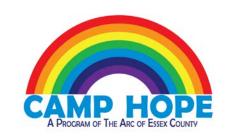




# The Arc of Essex County's Camp Hope Program Authorization to Apply Sunscreen For New and Returning Campers

Camper Name:		
Parent/Guardian Name:		
I hereby authorize The Arc of Essex County's Camp above:	Hope staff to administer the following	g sunscreen to the camper listed
TYPE OF SUNSCREEN	ADMINISTRATION TIME	PHYSICIAN'S INSTRUCTIONS (IF ANY)
1.	AFTER DAILY SWIM TIME	
2.	AFTER DAILY SWIM TIME	
This authorization covers the period in which the C	Camp Hope staff is providing care to th	e camper.
Signature of Parent/Guardian	Date	
	OR	
Please <b>DO NOT</b> administer any sunscreen to the ca	amper listed above.	
Signature of Parent/Guardian	Date	





# The Arc of Essex County Authorization for Disclosure of Health Information (HIPAA)

Name:	Date of Birth:
ity may require information from other agencies, also consent for The Arc of Essex County and the	services provided by The Arc of Essex County and The Arc of providers, school districts or individual's in order to provide following designated agencies, school districts or individuals and records in their possession which relate to services and o
Division of Developmental Disabilities (DDD)	Name:
153 Halsey Street, 2 <sup>nd</sup> Floor	Address:
Newark, NJ 07107	
973- 693-5080	Phone:
Lenoirs Transportation and Charter Service	Name:
	Address:
973-838-9180	Phone:
New Jersey Children System of Care	Name:
•	Address:
1-877-652-7624	Phone:
	Name:
	Address:
	Phone:
edical and physical health records (excluding psychavioral Health and Psychiatric records (excluding aluation, assessment, and/or treatment informaterapies, audiological testing, etc. aluation materials including results of psychiatric sting, medical, evaluation, learning disabilities contains.	chotherapy notes) g psychotherapy notes) ion including occupational, physical, and/or speech evaluation, social work contact, psychological
	and that the above named individual is using the sty may require information from other agencies, also consent for The Arc of Essex County and the and communicate to one another information and provided for the above named individual:  Division of Developmental Disabilities (DDD) 153 Halsey Street, 2 <sup>nd</sup> Floor Newark, NJ 07107 973- 693-5080  Lenoirs Transportation and Charter Service 15 First Street Bloomingdale, NJ 07403 973-838-9180  New Jersey Children System of Care 300 Horizon Drive, Suite 306 Robbinsville, NJ 08690 1-877-652-7624  art includes both verbal and written communicates (please initial beside each item you consent edical and physical health records (excluding psychavioral Health and Psychiatric records (excluding aluation, assessment, and/or treatment informate erapies, audiological testing, etc. aluation materials including results of psychiatric sting, medical, evaluation, learning disabilities comport of classroom and academic an/or vocational neral routines

I understand I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance on this authorization. The request to revoke this authorization must be provided to the Chief Executive Officer at 123 Naylon Ave., Livingston, NJ 07039. The revocation will be effective the date the Chief Executive officer receives it.					
I understand that I may refuse to sign this authorization. However, refusal to sign may limit The Arc of Essex County's ability to obtain information required to assess the support needs and/or services. I also understand that I may inspect and/or copy any written information used or disclosed under this authorization.					
This authorization expires on or one (1) year from the date of the indi-	vidual's or legal guardian's signature.				
Signature (or mark) of Individual or Legal Guardian	Date				
Print Name of Legal Guardian (if applicable)					
If mark is provided in place of signature, the mark must be witnessed:					
Witness Signature	Title				
Print Name of Witness					
Check here if names are listed on an additional sheet					

\*Individual is defined as the participant in The Arc of Essex County Services

Authorization for Disclosure 4/03





## CAMP HOPE TEACHER/PROGRAM STAFF INFORMATION

### **For New Campers**

\*COMPLETED BY TEACHER/PROGRAM STAFF\*

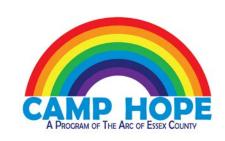
Camper/Student's Name:
Signature of Parent/Guardian authorizing release of information:
Dear Teacher/ Program Staff,
The individual whose name appears above will be attending The Arc of Essex County's Camp Hope program this summer. Camp Hope is a specialized day camp serving individuals with intellectual and developmental disabilities ages 5 and up. For the Camp Hope staff to incorporate the camper's skills and goals from the education setting to our camp setting, your input is requested. Although the primary goal of our program is recreational, many of our staff understand the importance of maintaining skills and achieving goals, outside of the school setting. Please complete the information below.
Please feel free to call us at (973) 535-1181 if you have any questions. Thank you in advance for your cooperation.
Teacher/Staff Name: Date Completed:
Name of School/Program:
Type of Class:
Camper's Disability:
Classroom/Program Ratio:
Please describe performance in the following areas:
* Can the camper perform the following classroom skills?  Read If yes, at what level Write his /her name Write words Write sentences Following directions
* What classroom activities does this camper like? The Most The Least

### **CAMP HOPE TEACHER/PROGRAM STAFF INFORMATION**

	Favorites
	Books
	Songs
	Movies
	Television shows
	Hobbies
	Other
	Social Interactions
	Peers
,	Adults
	Authority
	Out of school environment (ex: field trips, recess, etc.)
	Pohovieval Challenges (places include triggers)
	Behavioral Challenges (please include triggers)
	Aggression towards self
	Aggression towards others
	Self-stimulatory
	Verbal aggression
	Property destruction
	Is this child on a behavior plan? If so, please describe in detail.
	Other
	Strategies/Techniques
	Motivating
	Increasing desired behavior
	Decreasing inappropriate behaviors
	Any Adaptive Equipment Used during the School Day
	Summer Goals
	Summer doub
	Please use additional paper if necessary
	In the second particular to seach year at dissipatible assument at discover this consequent for a ded 22
	Is there a number to reach you at during the summer to discuss this camper if needed?
	Phone Number:
	Please Return to:

The Arc of Essex County's Camp Hope Program
123 Naylon Ave.
Livingston, NJ 07039

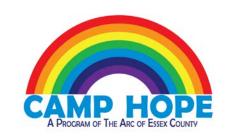




# The Arc of Essex County's Camp Hope Summer ESY Program School District Form 2018 For New and Returning Campers

, a student li	iving in the	school district, is	
(Name of Camper)		ame of town)	
requesting to participate in The Arc of Essex County'	s Camp Hope Summer [	Day Program to satisfy their ESY requiremen	t
Please complete this form and indicate which weeks of Essex County's Camp Hope Summer Day Program.		pproving the above student to attend The A	r
Upon receipt of this completed form, The Arc of Ess be provided with fees. Contracts must be signed and		<u> </u>	tc
Dates participant will attend Camp Hope through the	e district:		
Week 1: July 2 – July 6	Week 5: July 30 – A	Aug. 3	
Week 2: July 9 – July 13	Week 6: Aug. 6 – A	ug. 10	
Week 3: July 16 – July 20	Week 7: Aug. 13 – A	Aug. 17	
Week 4: July 23 – July 27			
Fees:			
Camp tuition plus summer program:	\$120.00 per day		
One-to-one camp tuition plus summer program:	\$220.00 per day		
Transportation (Essex County Only):	\$40.00 per day		
Signature of School District Personnel		 Date	_
Signature of School Bistrict Personner		Dute	
Printed Name		Title	
District NA III or Add and		Disco Novilor	
District Mailing Address		Phone Number	





## **Camp Hope Photo Release**For New and Returning Campers

#### THE ARC OF ESSEX COUNTY

Photographs of campers may be taken and used for publicity purposes including but not limited to: publications in commercial periodicals; The Arc of Essex County newsletters and social media; The Arc of Essex County website; and various print, internet, and media publications of The Arc of Essex County.

Please check one:				
I give permission for my camper's photo to appear in the above publications, digital media and/or social media				
I do not give permission for my camper's photo to appear in the above publications, digital media and/or social media				
Name of camper:				
Signature of Parent/Guardian: Date:				
*Photo releases will remain in effect, unless The Arc of Essex County is notified in writing.				
THE CANDLE LIGHTERS Established in 1974, The Candle Lighters is a 501(c)3 organization dedicated to raising funds for The Arc of Essex County. Camp Hope is one of the organization's primary beneficiaries. To aid in these efforts, the organization may request the use of camp photos.				
Photographs of campers may be taken and used for publicity purposes including but not limited to: publications in commercial periodicals; The Candle Lighters newsletters and social media; The Candle Lighters website; and various print, internet, and media publications of The Candle Lighters.				
Please check one:				
I give permission for my camper's photo to appear in the above named publications, digital media and/or social media				
I do not give permission for my camper's photo to appear in the above named publications, digital media and/or social media				
Name of camper:				
Signature of Parent/Guardian:Date:				
*Photo releases will remain in effect, unless The Arc of Essex County is notified in writing.				

### **Camp Hope Liability Releases**

(Required for Attendance)

#### Note: Initials needed on each section and signature at the bottom

	· · · ·	be and The Arc of Essex County reserve the right to release any camper from the Camp Hope program trial period, The Arc feels that it is not in his/her best interest to remain in the program.  Initials of parent or guardian.			
6	employees of any responsibility or liability for any in	ereby release The Arc of Essex County, Camp Hope, and its njury and/or illness derived from participation in the Camp orth above and agree with their contents in their entirety.			
. I f	I,, hereby give field trips which are part of the day camping prograe Initials of parent or guardian.	ve permission for my camper to participate in any off site m.			
) I	I,, hereby give The Arc of Essex County, Inc. ("The Arc"), Camp Hope ("Camp") administration, and the medical personnel selected by the Camp Director (or his/her designee) permission to order X-rays, routine medical tests, and medical treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child, the below identified camper.				
i F f	I understand that the Camp will make reasonable attempts to communicate with me prior to medical treatment in non-life threatening and other non-emergency situations, but that in accordance with the preceding paragraph, medical examination and treatment will be performed without necessarily communicating with me first or in life threatening and other emergency situations, even without attempting such communication. I give consent for transportation to a medical facility (by ambulance or school vehicle) in the event of an emergency.				
(	I understand that the permission I have given by signing this form is a material inducement to acceptance of my child as a camper. I also confirm that I have given the Camp and The Arc of Essex County a complete and accurate medical history of my child.  Initials of parent or guardian.				
-	Signature of Parent/Guardian	Date			