

Summer Day Program 2022





A program of



of Bergen & Passaic

223 Moore Street, Hackensack, NJ 07601 Phone: (201) 343-0322 Fax: (201) 343-0401 Email: Rainbow@arcbp.com www.arcbergenpassaic.org



Program & Eligibility Information

The Rainbow Summer Day Program is designed to provide an exciting, fun and educational program for children and adults with developmental disabilities.

Rainbow offers Camp and Extended School Year programming for children and the Rainbow Camp for adults.

Unfortunately the Rainbow site is not completely accessible, therefore individuals will need to be ambulatory. Please be advised that The Arc had purchased land to develop a completely barrier free site which in the future can accommodate individuals with mobility challenges, but it will be some time before it is developed.

The Rainbow staff includes a Registered Nurse, Lifeguards, Special Education Teachers, Behaviorist, CDL drivers and camp counselors. The Rainbow Program is generally staffed on a 1:3 ratio of staff to participants. Individuals in need of one to one support must make special arrangements in advance with their funding source or The Arc to pay for the additional cost.

If you have questions or need more information please do not hesitate to contact **Shayna Eddy** at The Arc office on extension 2270 or email at rainbow@arcbp.com.



New Applicant Information

The Rainbow Summer Day Program welcomes new applicants. In order to ensure that the program can meet the individual needs of each participant we do require that all new applicants come in for an interview. The interview also provides an opportunity for the participant and his/her family to ask any questions they may have and provide us with any additional information they feel will assist in facilitating a successful experience for the participant.

Once your application is received, the Rainbow staff will be in contact with you to arrange an interview date and time. The interview will take place at The Arc's headquarters office at 223 Moore Street, Hackensack, NJ 07601, or the Employment and Training Center at 17 Wallace St., Elmwood Park, NJ. The application fee must be paid in full after the interview. The participant must be present.

Please note that Rainbow cannot finalize acceptance of new applicants to the program until an interview has been completed,

Acceptance to the program does not constitute a commitment to provide financial assistance for tuition. Applicants are responsible for ensuring that tuition costs are paid or a payment plan is in place or campership/scholarship funds have been secured. Please refer to the financial assistance packet for more information.

If you have questions or need more information please do not hesitate to contact **Shayna Eddy** at The Arc office or email us at rainbow@arcbp.com.



Rainbow Summer Day Program Application Instructions

Thank you for your interest in the Rainbow Summer Day Program. We hope you will be able to join us for another successful summer. Enclosed please find the Rainbow Application Packet. The application packet includes:

- Rainbow Information (schedule & tuition, transportation, eligibility, new applicant)
- ♦ Application
- ♦ Background Information Form
- ♦ Permission/ Release Form

- ♦ Emergency Consent Form
- ♦ Medical/Health Packet
- ◆ Financial Assistance Packet including Extended School Year information

The following is a guide for completing these documents and their due dates. Please be advised that applications are dated on receipt and considered on a first come, first served basis. The caregiver is responsible to submit all completed medical forms from the doctor to The Arc within the timelines stated below. Please do not rely on the physician's office to fax them to us.

We suggest that you keep copies of all documents you send. If you need assistance please contact Shayna Eddy at 201-343-0322 extension 2270 or email rainbow@arcbp.com. Thank you!

ITEM	INSTRUCTIONS	DUE DATE
Application	Please complete and return to The Arc.	May 15th
Processing Fee	A nonrefundable \$ 60 processing fee is required with each	Enclose with
	application. Make check payable to The Arc. Write	application
	"Rainbow" & child's last name in the memo section of check.	
Background	Parent/ Guardian should complete and submit with application	May 15th
Information	form.	
Medical	Please have physician complete and sign this form. Physician	June 1st
Examination	signature is required. Acceptances are not considered final until	
Form	receipt and review of medical forms.	
Medication	Please have physician complete and sign if child is taking any	June 1st
Information	medication at all, even if it is not given during camp hours. Submit	
Form	with Medical Examination Form.	
Health History	Parent/Guardian should complete this form and return to The Arc.	June 1st
&	This can be sent with the Application or with the Medical Exam	
Authorization	Forms.	
Emergency	Parent/ Guardian should complete this form. This form can be	June 1st
Treatment	returned with application or medical forms.	
Consent		
Permission/	Parent/Guardian should complete this form and return with	May 15th
Release Form	Application.	
Tuition	Tuition checks must be received or an approved payment plan in	June 1st
	place prior to the start of the program or the individual will not be	
	able to attend. A financial assistance packet is enclosed.	



of Bergen & Passaic

RAINBOW SUMMER DAY PROGRAM APPLICATION 2022

NAME			MALE FE	MALE	
ADDRESS		TOWN	ZIP		
NEAREST CROSS	STREET				
ALLERGIES		DATE OF BI	RTHA	GE	
T-shirt size (indic	ate youth or adult si	zing)			-
Mother/Guardian		F	ather/Guardian		T
Home #	Work #	Home	e #	Work #	
Cell#	Email	Cell#	E	imail	
Eligible for DCF/0	21 and older) servic				ARIF)
YES NO	0 I/We give permi	ssion for the above ling the Rainbow F	named indivi	dual to recei	ve emergency
			Date	2	
(Custodial Pare Signature	ent/Guardian Prin	t NAME)			
			Date	2	
(Custodial Pare	ent/Guardian Prin	t NAME)			



CAMP WEEKS

Please indicate the weeks you would like to attend camp! Please note that both the Children's System of Care (CSOC) through a Perform Care Application, and the Division of Developmental Disabilities (DDD) generally pay for a MAXIMUM of two weeks.

Our goal is to accommodate all campers for the whole season however, we need to work within the limits of our funding which continues to be reduced.

If you are seeking funding thru DDD or DCF but are interested in having your camper <u>attend</u> <u>additional weeks</u>, please sign up for all the weeks you would like to attend and let us know if you will be paying the tuition or would like to be considered for tuition assistance. Assistance will be provided based on need and availability of campership funds.

Reminder that Camp Rainbow Summer Day Program can provide your extended school year program if your district will contract with The Arc.

CAMP RAINBOW SUMMER DAY PROGRAM SELECTION OF WEEKS:

Please select the weeks your camper would like to attend. This selection does not obligate you for payment or guarantee acceptance. We will confirm the dates for which the camper is accepted and advise you how much campership funding is available, if any, and amount of tuition, if any, that will be required. At that point you will need to commit to attendance and tuition.

Week (CHECK ALL THAT APPLY)	Funding for the Week (CIRCLE ONE)
Week 1:July 5 — July 8	DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested
Week 2: July 11 — July 15	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 3: July 18 — July 22	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 4: July 25 — July 29	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 5: Aug 1—Aug5	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 6: Aug 8 — Aug 12	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Total # of Weeks	

There is a \$60 non refundable application fee which **must** accompany the application.

Private pay is \$700 per week

New campers are required to attend an interview which will be scheduled after receipt of your application.



Extended School Year Instructions

School age children may be eligible to attend Rainbow as their Extended School Year program.

The Arc's funding sources require that all school age children seek funding through Extended School Year before being considered eligible for any financial assistance including, but not limited to state funded slots.

If the participant is school age you must approach your Child Study Team and request an Extended School Year program. This will need to be included in the child's IEP. The NJ Department of Children and Families (DCF/COSC/Perform Care) will not fund any child who has an Extended School Year Program. They may however, fund weeks not included in the Extended School Year or The Arc may have other scholarship funds available for those additional weeks.

Provide your Child Study Team with the Extended School Year packet. The packet includes:

- Rainbow Brochure
- Current Tuition Information
- Extended School Year Confirmation Form

You will need to have the School District complete and return the Extended School Year Confirmation Form to The Arc. Applications for school age children seeking scholarships cannot be processed until the completed Extended School Year Confirmation Form is received.

If you need assistance with this process contact **Shayna Eddy at The Arc at extension 2270** and she will connect you with The Arc Staff who can best assist you. If you wish to use email, please email to rainbow@arcbp.com.



Extended School Year (Related Services) Confirmation Form

Child's Name (First & Last):	
Parent/ Guardian Name:	
Parent/ Guardian Contact Info:	
To be completed by School District:	
School District:	
Address:	
Contact Person Phone	-
I hereby confirm that the parents of the child referenced above have reques Year Program and the District has made the following determination:	ted an Extended School
☐ The district will <u>not</u> provide an extended school year for this pupil. ☐ The district <u>will</u> provide an extended school year through	
☐ A contract with the Arc's Rainbow Program for An In – District Program ☐ Full Day ☐ Half Day	Weeks
Please be advised that the basic tuition for Rainbow includes staffing, generating the staff ratio. Children requiring one – to one support will be assessed an enhance of the staff ratio arrangements must be made with The Arc in advance.	
Basic Tuition also includes transportation in Bergen and Passaic Counties to district wishes to transport its student to the program, please notify us so the negotiated.	
The Arc must be notified in advance of special transportation, environmental Associated costs will apply.	al or staffing needs.
Authorized School District Signature Title Date	
Completed form must be submitted to The Arc before the child's application co	an be processed.

Please contact The Arc Attn: Patrick Crann if you need further information.



The following information is designed to access financial assistance for tuition.

- ❖ Extended School Year School age children may be eligible to attend Rainbow as their Extended School Year program. If the child is school age you must approach your Child Study Team and request an Extended School Year program. This will need to be included in the child's IEP. Provide the team with the Extended School Year packet. You will need to have the district complete and return the Extended School Year Confirmation Form (in the packet) to The Arc.
- **❖ State of NJ Department of Children & Family Services- Children's System of Care (CSOC)** for children under 21 years of age:
 - You must first be deemed eligible for services from DCF/ CSOC. To do this go to the PerformCare website and complete the eligibility application:
 http://www.performcarenj.org/families/disability/determination-eligibility.aspx or call 1-877-652-7624.
 - ➢ If you are eligible for services from DCF/CSOC go to the PerformCare Website http://www.performcarenj.org/families/disability/summer-camp.aspx or call 1-877-652-7624 to complete a camp funding application. Make sure to specify Camp Rainbow. You must apply for CSOC funding if you are eligible before The Arc will consider any additional Campership. We will help you with this application please call us!
 - > DCF/CSOC will only pay for up to ten days of camp.
- ❖ State of NJ Division of Developmental Disabilities (DDD)-Adults (21 years of age and older)

 Families of Adults who are eligible for DDD services need to contact their Support Coordinators, and request authorization for Camp. This service is considered respite and is a daily rate. This request must include transportation. You must access your budget before The Arc will consider any additional Campership.
- ❖ Charitable/benevolent organizations- Local community organizations often provide camperships for their local community members. Some examples are: Elks, Kiwanis, Rotary, Lions, Knights of Columbus, Knights of Phythias, Masons, Women's Club, UNICO. If you would like a sample letter we can provide one, just call Shayna Eddy @ 201-343-0322 or email Rainbow@arcbp.com

The Arc's Rainbow Camperships (Tuition Assistance)

The Arc has a number of camperships available for the Rainbow Program to assist eligible families with tuition assistance. To apply for a campership for the week or weeks not covered by another funding source, please complete the Request for Campership Form (Tuition Assistance) and return it with your camper application.

The Arc. of Bergen & Passaic

The Arc's Camp Rainbow Summer Day Program

223 Moore Street, Hackensack, NJ 07601 201-343-0322

The Arc's Rainbow Camperships (Tuition Assistance Request)

The Arc has a number of camperships available for the Rainbow Program to assist eligible families with tuition assistance. To apply for a campership for the week or weeks not covered by another funding source please complete this form and return it with your camper application.

Camper's Name
Parent/Guardian's Name Phone
Number of People in Family Including Camper (living at home or otherwise a dependent)
 Total Gross Family Income
I certify that the above information is complete, accurate and true. I understand that falsification of this document can compromise my family member's acceptance to the program. Should additional proof of income be required I will supply it (i.e. copy of income tax, pay stubs, Social Security check or letter)
Signature of Parent/Guardian Date



of Bergen & Passaic

Camp Rainbow Summer Day Program

2022 Tuition, Schedule and Payment Information

APPLICATION FEE: \$ 60.00

TUITION: \$700.00 per week

WEEKS: There are six weeks of Camp. Participants must attend full weeks of Camp. All efforts will be made to provide preferred week(s) if they are designated.

RAINBOW PROGRAM DATES:

Week One: July 5 – July 8 Week Three: July 18-July 22 Week Five: August 1- August 5 Week Two: July 11 – July 15 Week Four: July 25-July 29 Week Six: August 8-August 12

FEE INFORMATION:

The Application Fee is required for <u>ALL</u> applicants including those receiving financial assistance, Camperships, support from community organizations, extended school year or State Funding. <u>Your application will not be processed without the APPLICATION FEE OF \$60.</u>

Tuition includes transportation in Bergen and Passaic Counties to the extent feasible. Transportation vehicles may not be air- conditioned.

Tuition does not include one to one staffing. The Arc will not be providing one to one support this year.

The Arc must be notified in advance of special transportation, environmental or staffing needs. Associated costs will apply.

<u>PAYMENT INFORMATION</u> Tuition Checks are Due By June 1st, 2022

Tuition checks should be made payable to The Arc. Write Rainbow and the Camper's last name in the note section of the check.

Campers sponsored by DDD or DFC or who have been granted Camperships are required to attend Camp for the number of days designated in your acceptance letter. If a camper is absent from Camp for any reason, a make-up day must be scheduled immediately. Non-attendance automatically voids the sponsorship or campership for that day (s) and in which case payment of tuition becomes the responsibility of the family if a make-up day is not scheduled!!!

Families unable to pay the tuition in full should contact Shayna Eddy at The Arc at extension 2270 between the hours of 9am and 4:30pm to work out a payment plan. If tuition is not received or an approved payment plan arranged prior to start of program, the Camper will not be able to attend.



Summer Day Program

PLEASE NOTE!!

The Arc cannot bill the Children's System of Care (children) or Medicaid (adults) if your camper is absent!!

<u>PLEASE</u> refrain from making appointments for your camper during the camp session, or planning "vacation days."

If your camper misses scheduled days of camp for reasons other than illness, you may be required to cover the cost for which we cannot bill.

PLEASE WORK WITH US!



Permission/Release Form

	Participant Name:				
	e above referenced individual to attend the Rainbow Summer ties including but not limited to field trips sponsored by the				
	e above referenced individual to be transported to and from ored by the program by Arc or contracted staff in Arc or				
I \square do \square do not $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	above referenced individual to participate in the swimming				
I \square do \square do not give permission for the residence if no one is home.	above referenced adult individual to be dropped-off at his/her				
do lo do not give permission for the use of photographs and/or video tape by The Arc of Bergen and Passaic Counties for newsletters, brochures, pamphlets, slides, training materials, newsletters, web pages, public services announcements and any other Arc outreach or publicity materials.					
I \square do \square do not give permission for the staff of Camp Rainbow to apply or assist with applying sunscreen to the above referenced camper (SPF 30 or higher, after swimming and as needed).					
I authorize the Rainbow Program to release if they come to pick them up:	e the above referenced participant to the following individuals				
Name	Relationship to Participant				
Name	Relationship to Participant				
Name	Relationship to Participant				
This release is valid until rescinded in writi	ng by the individual or his/her guardian.				
Signature of Mother/ Guardian Date	Signature of Father/ Guardian Date				
Signature of Individual (<i>if he/she is age 18+</i>	is own guardian) Date				
	ergen And Passaic Counties Inc.				
223 Moore Street, Ho	ackensack, NJ 07601 201-343-0322				



Background Information

PARTICIPANT: _____

ADL Needs	Yes	No
A. Does individual need assistance with eating?		
Explain:		
B. Does individual need assistance with toileting?		
Explain:		
C. Does individual need assistance with dressing?		
Explain:		
D. Other needs, please explain:		
Behavioral Needs	Yes	No
A. Does the individual have outbursts of temper?		
B. If yes, describe the behavior. What does it look like?		
C. What events, situations seem to trigger/cause the behavior?		
D. What do you do when this behavior occurs? How is it handled?		
E Miles and a second all leading to 2		
E. What works to prevent this behavior?		
E. And there other helperions which may sound issued during the Commider (everyle)	foore obser	airra
F. Are there other behaviors which may cause issues during the Camp day (example: behaviors, isolative behavior) What works to prevent or ease this behavior?	rears, obses	sive
behaviors, isolative behavior j what works to prevent or ease this behavior?		
Other	Yes	No
A. Does individual tire easily?		
Explain:		
B. Are there any environmental adaptations or restrictions required?		
Explain:		



Instructions for Completion of Medical/Health Forms

There are three medical/health forms required for attendance at Rainbow:

- 1. Health History & Authorization Form completed by parent/guardian
- 2. Medical Examination Form completed by physician
- 3. Medication Information Form completed by physician

All forms must be submitted to The Arc prior to the start of the program. All acceptances are conditional on receipt and review of the medical/health forms. Responsibility for submitting the medical prior to the program is your responsibility, so please do not rely on your physician to mail it to our main office prior to the program's commencement.

DUE DATE

Forms are due by June 1st

Medication Information For Parents and Guardians of Participants

Medications are stored at the Rainbow Health Center and administered by the Arc Nurse or other staff who are certified to supervise medication. We are committed to ensuring that your family member has a safe and happy experience. We need your assistance to make sure this happens. Please:

- Provide all medications in the original bottles with the original pharmacy label. The label on the bottle must match the physician's order on the Medication Information Sheet.
- Medication must be given to the driver. Do not put medication in participant's lunch box, backpack etc.
- If there are any special ways that you give your family member medications please let us know. For example, if you crush the medication and put it in food or liquid, let us know. This can make a big difference in helping your family member accept medication from an unfamiliar person.
- If you use special utensils (medication measuring spoons, medication droppers, sippy cups etc.) to administer medicines please send these with your family member to program. The nurses will label these with your family member's name, as needed, to ensure you receive them back and that the label does not obscure the markings on the utensil.

Please do not hesitate to contact the Rainbow Nurse with any questions or medical information when program is in session. Prior to the start of program contact Shayna Eddy at The Arc's headquarters office. She will connect you with The Arc staff member who can best answer your question. Also, you can contact us by email at rainbow@arcbp.com.



of Bergen & Passaic Rainbow Summer Day Program

Health History

To Be Completed by Parent/ Guardian

PARTICIPANT'S NAME	AGE INDIVIDUAL WILL BE IN JUNE			
	GENDER	M	F	
I. ILLNESS				
A. Is the individual able to communicate that he Explain:	/she is not feeling well?	YES _	_NO	
B. Explain any warnings signs that the individua aware of in terms of onset of illness:	al's counselor and/or Arc	c Nurse sh	ould be	
II. ADAPTED DEVICES/EQUIPMENT.				
A. Does the individual wear glasses? Explain:		YES	NO	
B. Does the individual wear hearing aids? Explain:		YES	SNO	
C. Does the individual use any adaptive equipment Explain:	nent for mobility?	YE	SNO	
D. Does the individual use any adaptive equipme Explain:	ent for communication	YE	SNO	



Rainbow Summer Day Program Health History

III. SEIZURES A. Does your child have seizures? YES	NO
B. If yes describe type: Major motor (grand mal) absence (petit mal)	other
C. How frequently does your child have seizures?	
D. When was the date of the last seizure?	
E. How long did the seizure last?	
F. What are the warning signs of the onset of the seizure?	
G. Are there triggers or situations to avoid? Please give detail	S:
H. What course does the seizure follow? What does the episoo	de look like?
I. What happens after the seizure?	
J. What is the recommended response and follow up to the sei	izure?
IV. Authorizations	
AUTHORIZATION TO GIVE MEDICATION I hereby give permission for medication to be given at Rainbo designated staff.	ow by the Nurse or
SIGNATURE PARENT/GUARDIAN	DATE
AUTHORIZATION TO CONTACT PHYSICIAN I hereby authorize the participant's physicians to speak with, provice Rainbow Summer Day Program about the medical/healthcare need Rainbow staff to communicate same with physician.	ds of the participant, and I authorize
SIGNATURE PARENT/GUARDIAN	DATE



of Bergen & Passaic

Rainbow Summer Day Program

Medical Examination Form

Participant's Name	D.O.B					
TO BE COMPLETED BY PHYSICIAN:						
Individual's Disability/ Diagnosis:						
I. MEDICAL HISTORY						
	ollowing (comment as to severity frequency, etc.): Check Explain					
allergies (Medication)	reaction to insect bites					
(Food)	fainting spells					
(Other)	stomach aches					
hay fever goiter	earaches constipation					
sore throat	sinus trouble					
shortness of breath	colds					
night sweats	bronchitis					
frequent diarrhea	eczema					
frequent urination	seizures					
headaches	type					
tonsillitis						
asthma	other					
	specify					
Comments:						
B. Please check if this individual has had any of th	e following:					
mumps	typhoid					
measles	hernia					
rheumatic fever	German measles					
chicken pox	heart trouble					
scarlet fever	whopping cough					
pneumonia other:	diphtheria infantile paralysis					
other:	hepatitis status					
	neputitis status					
C. Please provide dates of immunizations:						
tetanus*	smallpox vaccine					
typhoid vaccine	diphtheria/pertussis					
measlesrubella	mumps					
Hepatitis	polio (1,2 ,3) polio (booster)					
Roseola	tine/mantoux test					
	date results					



of Bergen & Passaic

Rainbow Summer Day Program

Medical Examination Form

II. EXAM: Ind	licate the pres	ent condition	of this ind	ividual's:		HEIGHT		WEIGHT		
GOOD Comments:	POOR	skin eyes ears abdomen	GOOD	POOR	throat teeth nose extremities	GOOD	POOR	_ lymph gla _ lungs _ heart _ muscular _ genitals/u	developm	ent
Comments.										
III. HOSPITA	ALIZATION escribe What I		ILLNESS	ES/INJU	RIES	Dat	tes	Hosp	ital (if app	licable)
IV. LIMITAT A. Dietary Rest		TRICTIONS	i				YES			NO
	•									
B. Activity, env	ironmental or Explain:	other limitat	ions or rest	trictions?			YES			NO
V. MEDICAT A. Is this child/ *If YES please	adult on medi		medicatio	n form			YES*			NO
I certify that I the Rainbow S										
Physician Sign	ature							Date:		
Print Name								Phone:		
Address		Street				City		State	Zip	



Medication Order Form

PARTICIPANT NAME:	
ALLERGIES:	

INSTRUCTIONS: Please have physician complete the information below and return with the Medical Examination (physical) Form.

This form should be completed if individual is taking any medication at all even if that medication is not taken during camp hours.

MEDICATION NAME	DOSE	TIMES MEDICATION IS TO BE GIVEN	REASON MEDICATION IS PRESCRIBED		
	_				
Physician Signature			Date		

The Arc of Bergen And Passaic Counties Inc. 223 Moore Street, Hackensack, NJ 07601 201-343-0322



Camp Rainbow Summer Day Program Authorization to Consent to Emergency Treatment

I/We, the undersigned, parent(s)/guardian of (Print participan			
Do hereby authorize The Arc's Rainbow Summer Day P to consent to any diagnostic procedure or medical care general or special supervision of, any licensed physician	which is deemed advis	sable by, and is to	be rendered under the
It is understood that this authorization is given in adva- authority on the part of our aforesaid agent(s) to give s care which the physician in the exercise of his/her best	pecific consent to any	and all such diagr	
This authorization shall remain effective until the concl Program unless sooner revoked in writing and delivere		l's participation i	n the Rainbow Summer Day
Signature of Mother/ Guardian Date	Signature of Father/	Guardian	Date
Signature of Individual (if he/she is age 18+ is own guar	dian) Date		
Telephone number(s) of parent/guardian(s): (home)	((work)	
(Cell) ₋ Parent / Guardian address:		(other)	



Transportation Information

The Rainbow Program provides door- to- door transportation in Bergen and Passaic Counties to the extent feasible.

Transportation is provided by licensed drivers either hired or contracted by The Arc. Drivers meet the requirements of the NJ Department of Motor Vehicles for buses or vans.

Transportation is provided in mini school buses, or vans.

The Arc must be notified in advance of special transportation requirements. If special arrangements are needed, associated costs will apply.

Bus routes are developed to provide for the most efficient transportation to and from the program. The driver will notify you of pick up times. A responsible adult must be home with the consumer for pickups and drop-offs. Safety is our main concern, but if you believe your adult child is responsible to be left alone at home, please indicate that on the Permission/Release Form when completing the application packet and provide us with a notarized letter that indicates that we may leave the adult camper home when no one else is there.

Routes may change during the course of the program to accommodate new participants or adjust for traffic, road construction or other factors. As a result, pick up and drop off times are subject to change.

Please be aware that for the first few days of each camp session the route will usually take longer, as participants get used to getting on and off the busses, the driver learns the best way in and out of each stop and adjustments are made for traffic etc. If you become concerned that the bus is too late please call the Rainbow Site at 201-825-4888. The Camp Director or Assistant Director remains on site after hours to field transportation questions and respond to any emergencies.

If you cannot reach someone at the Rainbow Site (201-825-4888) call The Arc's headquarters office between the hours of 9:00am to 4:30pm and ask for Shayna Eddy on extension 2270. If you reach voice mail, or it is after 4:30pm, ask the operator to page someone who can help you.

If the participant will not be attending program on a particular day, please advise the driver as far in advance as possible to avoid unnecessary pick up trips.

If you have general questions about transportation once program is in session, please contact the Camp Director at the Rainbow Site. If you have questions prior to the program start date contact Shayna Eddy at The Arc's headquarters office.