



The Arc
of Bergen & Passaic

CAMP
RAINBOW

Garfield, NJ



The Arc of Bergen and Passaic Counties | 223 Moore Street Hackensack, NJ 07601

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PROGRAM INFORMATION

The Rainbow Experience

Camp Rainbow is a 6-week educational, fun-filled summer day camp designed for children and adults with intellectual and developmental disabilities. The Rainbow experience places emphasis on activities of daily living, social skills, and communication skills, while building campers' confidence and self-esteem and encouraging independence.

Each week at Camp Rainbow has a unique theme, which is reflected in daily camp activities as well as special camp events. On-site daily camp activities include art, gym, music, and more, all of which are adapted for individuals with IDD. Special camp events, community field trips, and swimming at Darlington Lake are also integrated into the camp schedule, making every day at camp a new adventure.

Campsite

Rainbow's current campsite has a large outdoor space and newly renovated, air-conditioned indoor space. Unfortunately, the campsite is not fully accessible, therefore campers must be ambulatory. The Arc is working toward developing a barrier-free, fully inclusive site that can accommodate individuals with mobility challenges in the future.

Schedule

Monday – Friday | 9:00 am – 3:00 pm + transportation time

Camp Rainbow 2025

<u>Week 1</u> June 30 – July 3*	<u>Week 2</u> July 7 – July 11	<u>Week 3</u> July 14 – July 18
<u>Week 4</u> July 21 – July 25	<u>Week 5</u> July 28 – August 1	<u>Week 6</u> August 4 – August 8

*camp closed on July 4th

Lunch: campers should bring a cold lunch with their first and last name written clearly on the bag. Lunches will be refrigerated at the campsite, but we highly recommend placing a cold pack inside the lunch bag as campers will occasionally have lunch at the lake. Please be mindful of anaphylactic allergens such as peanuts that might affect other campers.

Swimming: campers should wear or bring a swimsuit, towel, water shoes, and/or any items they would typically use when swimming, such as floaties, life jacket, etc. Please label each individual item with camper's first and last name.



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PROGRAM ELIGIBILITY & STAFF INFORMATION

Program Eligibility

Camp Rainbow is designed for children and adults with intellectual and developmental disabilities. Due to temporary limitations presented by our current campsite and staffing ratio, we are unable to accommodate individuals who:

- are not ambulatory
- wear diapers
- require 1:1 aide
- have moderate or severe behavioral challenges

Camp Staff

- Camp Director
- Camp Assistant Director
- Program Coordinator
- Licensed Nurse
- Certified Special Education Teachers & Paraprofessionals
- Activities Specialists
- CDL Bus Drivers
- Camp Counselors

Camp Rainbow's general staff-to-camper ratio = 1:3

All staff are background checked and receive specialized agency training

Reporting Policy

Staff of The Arc of Bergen and Passaic Counties are responsible for reporting suspected abuse and neglect against a child under eighteen (18) years of age to the Division of Child Protection and Permanency (DCP&P); a vulnerable adult eighteen (18) years of age or older to Adult Protective Services (APS); reporting every related accident, incident, or unusual occurrence involving staff, youth and/or families to CSOC and the Universal Incident Management Reporting System; and reporting every related accident, incident, or unusual occurrence involving staff, adults and/or families to DDD and the Universal Incident Management Reporting System.



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NEW CAMPER INFORMATION

New Camper Interview

Welcome! New applicants as well as returning campers who have not attended Camp Rainbow in 2 or more years are required to complete an in-person interview.

This mandatory interview allows us to thoroughly assess each applicant's individual needs in order to ensure their needs can be met at camp. It is also an opportunity for new applicants and their families/caregivers to ask any questions they may have and provide us with any information they feel will assist in facilitating a successful camp experience for the applicant.

Once your application is received, the Camp Director will contact you to schedule an interview, which will be conducted by the Camp Director and/or Assistant Director at The Arc's Training Center at 17 Wallace Street in Elmwood Park. The applicant must be present for the interview; any family members, caregivers, or case managers who can provide insight are encouraged to attend.

Application Fee

The \$60 application fee must be paid in full at the end of the interview if the applicant receives acceptance into camp, which is at the discretion of the Camp Director and/or Assistant Director.

Acceptance Letter

An official acceptance letter will be provided upon acceptance into camp. For youth under 21, this letter must be submitted to DCF's CSOC via PerformCare's online application for summer camp services in order to receive funding.

NOTE: Acceptance does not constitute a commitment to provide financial assistance for camp tuition. Applicants are responsible for ensuring that tuition costs are paid in full, a payment plan is in place, or alternative funding has been secured. Please refer to the funding guide for more information.



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TRANSPORTATION INFORMATION

Transportation

Camp Rainbow provides door-to-door transportation for campers 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 operating mini-buses or vans.

The cost of transportation is covered by camp tuition.

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

Bus Routes

Bus routes are developed to provide the most efficient transportation to and from camp. Drivers or monitors will contact those on their route to provide estimated pickup and drop-off times by the Sunday before the camper is scheduled to attend. They will also provide their contact information, which may be used to report an absence or for transportation related questions or concerns. Please notify the driver/monitor of any absences as far in advance as possible to avoid unnecessary trips.

Routes may change over the course of the summer in order to accommodate new campers or adjust for traffic, road construction, etc. As a result, pickup and drop-off times are subject to change. You will be notified of any changes that occur.

Please be aware that the first few days of camp are an adjustment period. Routes may take longer as campers get used to getting on and off the buses, drivers learn 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 campsite 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 campsite, please call Shayna Eddy at The Arc's main office (contact below). If you reach voicemail, please leave a detailed message and someone will get back to you ASAP.

For safety reasons, a responsible adult must be at home with the camper during pickups and drop-offs. If you believe your camper is responsible to be left alone at home, please indicate that on the application's Permission/Release Form and provide a notarized letter that indicates that we may leave the camper home when no one else is there.

DUE TO A SHORTAGE OF CDL DRIVERS, TRANSPORTATION MAY BE UNAVAILABLE FOR CAMPERS UNDER THE AGE OF 18, WITH THE EXCEPTION OF CAMP WEEKS 5 & 6 (TRANSPORTATION WILL BE LIMITED).



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TUITION INFORMATION

APPLICATION FEE = \$60

CAMP TUITION = \$800 per week

APPLICATION FEE

The non-refundable \$60 application fee must be paid by ALL applicants and is not covered by any funding sources including state assistance and camperships. Your application will not be processed until the application fee is received.

New Applicants: app fee due following new camper interview

Returning Campers: app fee due with application forms

CAMP TUITION

Due Date: June 29th

Tuition checks should be made payable to The Arc of Bergen and Passaic Counties with "Camp Rainbow, [camper last name]" in the memo. Checks may be mailed or dropped off to The Arc's main office at 223 Moore Street in Hackensack with Attn: Camp Rainbow.

Families unable to pay the tuition in full may refer to the funding guide to explore tuition assistance options. As a last resort, families may apply for camperships to help cover the cost of camp. Camperships are granted on a first come, first served basis and are distributed based on need and availability of funds, so families should explore other funding options first.

Those paying out-of-pocket who would like to arrange a payment plan may contact The Arc (contact below). Campers will not be cleared to attend camp until tuition is paid in full, a payment plan is arranged, or alternative funding is approved.



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ATTENDANCE NOTE

IMPORTANT

Campers who receive state funding through CSOC (youth) or DDD (adults 21+) and/or those who have been granted camperships **MUST** attend **ALL** scheduled camp days that their funding covers.

The Arc cannot bill the Children's System of Care or Medicaid/DDD if your camper is absent.

PLEASE refrain from making appointments or planning "vacation days" for your camper during the camp session!

If a camper is absent for any reason, a make-up day must be scheduled immediately.

If your camper misses camp for reasons other than illness and a make-up day is not scheduled, you may be required to cover the cost for which we cannot bill.

– PLEASE WORK WITH US –

THANK YOU!



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TUITION FUNDING GUIDE FOR YOUTH (UNDER 21)

NJ DCF's Children's System of Care (CSOC) powered by PerformCare

Eligible youth may receive a max of 10 days (2 weeks) of summer camp funding from DCF/CSOC

- 1) Youth must first be deemed eligible for CSOC Developmental Disability (DD) Services by completing the eligibility application on the PerformCare website:
 - www.performcarenj.org/families/disability/determination-eligibility
 - For assistance, please call 1-877-652-7624
- 2) Youth deemed eligible must complete the current year's CSOC Summer Camp Services Application on the PerformCare website:
 - www.performcarenj.org/families/disability/summer-camp
 - For assistance, please call 1-877-652-7624
 - Reminder: specify Camp Rainbow on the CSOC Summer Camp Services Application

Extended School Year (ESY)

School age children may be eligible to attend Camp Rainbow as their Extended School Year Program

- 1) Parent(s)/Guardian(s) of school-aged youth must approach their Child Study Team and request an Extended School Year Program to be included in the youth's IEP
- 2) Parent(s)/Guardian(s) must provide the team with the following forms from the Camp Rainbow Application:
 - Tuition Information
 - Extended School Year Form
- 3) The school district must complete and return the Extended School Year Form to The Arc by mail (Attn: Camp Rainbow 223 Moore Street Hackensack, NJ 07601) or email (rainbow@arcbp.com)

Charitable Organizations

Local community organizations such as Elks, Kiwanis, Rotary, Knights of Columbus, Masons, Women's Club, UNICO, etc. may provide scholarships for local community members to attend camp; for a sample letter, email rainbow@arcbp.com

Care Management Organizations (CMO)

Care Management Organizations such as Bergen's Promise may provide funding for youth who are not funded by DCF's CSOC.

The Arc's Rainbow Camperships

The Arc has a limited number of camp scholarships, "camperships," available to assist eligible families with camp tuition. To apply for a campership for the week(s) not covered by another funding source, please complete the application's Request for Campership Form.

Note: Eligible youth must apply for CSOC/ESY funding before The Arc will consider any camperships



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TUITION FUNDING GUIDE FOR ADULTS (21+)

NJ Division of Developmental Disabilities (DDD)

Medicaid eligible adults may receive a max of 29 days (6 weeks) of summer camp funding from DDD depending on the individual's available budget

- 1) Adults must first be deemed eligible for DDD services by completing the Application of Determination of Eligibility on the DDD website:
www.nj.gov/humanservices/ddd/individuals/applyservices/
- 2) Adults deemed eligible must contact their DDD Support Coordinator to request the addition of Camp Rainbow to their budget
- 3) Support Coordinators should directly email **Shayna Eddy** (seddy@arcbp.com) to acquire Camp Rainbow billing information to be added to the individual's ISP
- 4) Support Coordinators are responsible for allocating the individual's budget to account for all days they will attend camp and must provide The Arc with an SDR specifying Camp Rainbow and the individual's planned dates of attendance prior to the camper's first day

Charitable Organizations

Local community organizations such as Elks, Kiwanis, Rotary, Knights of Columbus, Masons, Women's Club, UNICO, etc. may provide scholarships for local community members to attend camp; for a sample letter, email rainbow@arcbp.com

The Arc's Rainbow Camperships

The Arc has a limited number of camp scholarships, "camperships," available to assist eligible families with camp tuition. To apply for a campership for the week(s) not covered by another funding source, please complete the application's Request for Campership Form.

Note: Eligible adults must apply for DDD funding before The Arc will consider any camperships



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APPLICATION INSTRUCTIONS

Thank you for your interest in Camp Rainbow! To apply for the upcoming season, please complete all forms listed below. Forms may be mailed/dropped off at The Arc's main office (223 Moore Street in Hackensack) with Attn: Camp Rainbow or scanned and emailed to rainbow@arcbp.com. We highly recommend that you keep copies of all documents you submit.

Application forms must be accompanied by a non-refundable \$60 application processing fee.

Applications are dated upon receipt and considered on a first come, first served basis. Please be mindful of due dates! Forms received after their due dates will not be accepted, as they require ample time to process.

Caregivers are responsible for submitting all physician medical forms to The Arc. If they are not received by the deadline, the camper's acceptance may be delayed or revoked.

FORM	INSTRUCTIONS	DUE DATE
Camper Application (+ \$60 fee)	Parent/Guardian: <u>complete</u>	May 1 st
Week Selection	Parent/Guardian: <u>complete</u>	May 1 st
Extended School Year (ESY)	School District: <u>complete and sign</u> *school-aged campers only*	May 1 st
Campership (Tuition Assistance) Request	Parent/Guardian must <u>complete and sign</u> *for camperships (tuition assistance) only*	May 1 st
Permission Release	Parent/Guardian: <u>complete and sign</u>	May 15 th
Needs Assessment	Parent/Guardian: <u>complete</u>	May 15 th
Health History	Parent/Guardian: <u>complete and sign</u>	May 15 th
Consent to Emergency Treatment	Parent/Guardian: <u>complete and sign</u>	May 15 th
Medical Examination	Primary Care Physician: <u>complete and sign</u>	June 1 st
Medication Order	Primary Care Physician: <u>complete and sign</u>	June 1 st



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CAMPER APPLICATION FORM

LAST NAME _____ FIRST NAME _____

AGE _____ DATE OF BIRTH ____ / ____ / ____ ☐ MALE ☐ FEMALE

STREET ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

NEAREST CROSS STREET _____

T-SHIRT SIZE (circle): YOUTH S YOUTH M YOUTH L XS S M L XL 2X 3X

ELIGIBILITY: ☐ DCF/CSOC SERVICES (< 21 yrs old) ☐ DDD SERVICES (21+ yrs old)

MOTHER/GUARDIAN

LAST NAME _____ FIRST NAME _____

HOME # (_____) _____ - _____ CELL # (_____) _____ - _____

EMAIL _____@_____.COM

FATHER/GUARDIAN

LAST NAME _____ FIRST NAME _____

HOME # (_____) _____ - _____ CELL # (_____) _____ - _____

EMAIL _____@_____.COM

EMERGENCY CONTACT

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO CAMPER _____

HOME # (_____) _____ - _____ CELL # (_____) _____ - _____

FORM COMPLETED BY: _____ ON: ____/____/____



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CAMP WEEK SELECTION FORM

Please indicate the weeks you would like your camper to join us at Camp Rainbow!

Week selection does not guarantee acceptance nor obligate you for payment. After your application is processed, you will be notified of acceptance dates, the status of any campership requests, and any tuition costs required to be paid out-of-pocket. You will then need to commit to attendance dates and tuition payment.

Campers do not have to attend all 6 weeks of camp, but must attend **full weeks** (Monday-Friday) **unless arrangements are made in advance**.

Funding Notes:

DCF/CSOC Eligible youth may receive a maximum of 10 days (2 weeks) of summer camp funding pending approval of a CSOC Summer Camp Services Application (on PerformCare website)

DDD Eligible adults may receive a maximum of 29 days (6 weeks) of summer camp funding depending on the individual's available budget

Extended School Year (ESY) School age children may be eligible to attend Camp Rainbow as their Extended School Year Program pending district approval

Self-Pay Tuition may be paid in full prior to camp or a payment plan may be arranged in advance, which may require a deposit

Campership Request The Arc has a limited number of camp scholarships, "camperships," available to assist eligible families with camp tuition not covered by other funding sources. Assistance will be provided based on need and availability of campership funds.

CAMP WEEK SELECTION

<u>CHECK ALL THAT APPLY</u>	✓	Funding Source (MUST circle one per week)					
Week 1: June 30 – July 3*		DCF/CSOC	DDD	ESY	Self-Pay	Campership Request	Other
Week 2: July 7 – July 11		DCF/CSOC	DDD	ESY	Self-Pay	Campership Request	Other
Week 3: July 14 – July 18		DCF/CSOC	DDD	ESY	Self-Pay	Campership Request	Other
Week 4: July 21 – July 25		DCF/CSOC	DDD	ESY	Self-Pay	Campership Request	Other
Week 5: July 28 – August 1		DCF/CSOC	DDD	ESY	Self-Pay	Campership Request	Other
Week 6: August 4 – August 8		DCF/CSOC	DDD	ESY	Self-Pay	Campership Request	Other
*closed July 4th	TOTAL # WEEKS						

If "Other," specify funding source: _____



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EXTENDED SCHOOL YEAR (ESY) INSTRUCTIONS

School-aged children may be eligible to attend Camp Rainbow as their Extended School Year Program.

ALL school-aged children must seek funding through ESY before being considered eligible for any financial assistance including, but not limited to, state funding. This form should be completed by the district, even if they will not fund camp as the student's ESY Program.

NJ DCF's Children's System of Care (CSOC) will not fund any youth who have an Extended School Year Program. They may, however, fund weeks not included in the Extended School Year.

The Arc may have scholarship funds, "camperships," available for additional weeks. Applications for school-aged children requesting consideration for camperships cannot be processed until the completed Extended School Year Confirmation Form is received.

ESY Form Instructions

- 1) Parent(s)/Guardian(s) of school-aged youth must approach their Child Study Team and request an Extended School Year Program to be included in the youth's IEP
- 2) Parent(s)/Guardian(s) must provide the team with the following forms from the Camp Rainbow Application:
 - Extended School Year Instructions
 - Extended School Year Form
- 3) The school district must complete and return the Extended School Year Form to The Arc by mail (Attn: Camp Rainbow 223 Moore Street Hackensack, NJ 07601) or email (rainbow@arcbp.com)





EXTENDED SCHOOL YEAR (ESY) FORM

TO BE COMPLETED BY PARENT/GUARDIAN

STUDENT

LAST NAME _____ FIRST NAME _____

PARENT/GUARDIAN

LAST NAME _____ FIRST NAME _____

PHONE # (_____) _____ - _____

TO BE COMPLETED BY SCHOOL DISTRICT

CONTACT PERSON

LAST NAME _____ FIRST NAME _____

PHONE # (_____) _____ - _____

EMAIL _____@_____.COM

SCHOOL DISTRICT _____

STREET ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

I hereby confirm that the parent(s)/guardian(s) of the student referenced above have requested an Extended School Year Program and that the district has made the following determination:

☐ The district **will** provide an extended school year in the form of:

☐ A contract with The Arc's Camp Rainbow Summer Day Program for _____ weeks.

☐ An in-district program from ____/____/____ - ____/____/____

☐ Full Day ☐ Half Day: ____:____ am / pm - ____:____ am / pm

☐ The district **will not** provide an extended school year for this pupil.

Tuition: Basic tuition for Camp Rainbow includes staffing, generally at a 1:3 staff-to-camper ratio. It also includes transportation in Bergen and Passaic Counties to the extent feasible. If a district wishes to transport its student to camp, please notify us so that tuition costs can be negotiated. The Arc must be notified in advance of special transportation, environmental or staffing needs. Associated costs will apply.

Authorized School District Signature

Title

____/____/____
Date

Completed form must be submitted to The Arc before the child's application can be processed.



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CAMPERSHIP (TUITION ASSISTANCE) REQUEST FORM

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

LAST NAME _____ FIRST NAME _____

PARENT/GUARDIAN

LAST NAME _____ FIRST NAME _____

PHONE # (_____) _____ - _____

HOUSEHOLD SIZE = _____

- Household size is the total number of individuals living in the home, including the camper (living at home or otherwise a dependent).

TOTAL GROSS FAMILY INCOME = \$ _____

- For campers under the age of 18, total gross family income should reflect the sum of all family members' income (including camper income) before taxes.
→ For campers over the age of 18, only report the camper's income.

DID YOU HAVE EXTRAORDINARY EXPENSES THIS PAST YEAR? ☐ YES ☐ NO

- Extraordinary expenses include high medical bills, adaptive equipment costs, therapy/education costs, etc. Additional verification may be requested at a later date.

If YES, write the total expenses = \$ _____

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 camp. Should additional proof of income be required I will supply it (i.e. copy of income tax, pay stubs, Social Security check or letter).

Parent/Guardian Signature

____/____/____
Date



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PERMISSION/RELEASE FORM

CAMPER LAST NAME _____ CAMPER FIRST NAME _____

<input type="checkbox"/> I do	<input type="checkbox"/> I do not	give permission for the above referenced individual to attend Camp Rainbow, also known as Rainbow Summer Day Program, and to participate in all activities including but not limited to field trips sponsored by the program.
<input type="checkbox"/> I do	<input type="checkbox"/> I do not	give permission for the above referenced individual to be transported to and from Camp Rainbow and field trips by Arc or contracted staff in agency or contracted vehicles.
<input type="checkbox"/> I do	<input type="checkbox"/> I do not	give permission for the above referenced individual to swim at Darlington Lake.
<input type="checkbox"/> I do	<input type="checkbox"/> I do not	give permission for the above referenced adult individual to be dropped-off at his/her residence if no one is home.
<input type="checkbox"/> I do	<input type="checkbox"/> I 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.
<input type="checkbox"/> I do	<input type="checkbox"/> I do not	give permission for Camp Rainbow Staff to apply or assist with applying sunscreen to the above referenced individual (SPF 30 or higher, after swimming and as needed).

I authorize Camp Rainbow to release the above referenced camper to the following individuals for pick-up:

_____	_____
Full Name	Relationship to Camper
_____	_____
Full Name	Relationship to Camper
_____	_____
Full Name	Relationship to Camper

☐ I certify that I have been made aware of a) the mandated reporting responsibilities of agency staff regarding suspected abuse and neglect and reporting every related accident, incident, or unusual occurrence involving staff, youth, and/or families as per the agency's reporting policies in compliance with the State of New Jersey b) the grievance procedure established by The Arc of Bergen and Passaic Counties and c) my right to request access to records within statutory authority.

This release is valid until rescinded in writing by the individual or his/her guardian.

_____	_____/_____/_____
Parent/Guardian Signature	Date
_____	_____/_____/_____
Camper Signature (if age 18+ and own guardian)	Date



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NEEDS ASSESSMENT FORM

CAMPER LAST NAME _____ CAMPER FIRST NAME _____

1. COMMUNICATION

Expressive Language

- Camper is: ☐ Verbal ☐ Nonverbal

If NONVERBAL, how does camper communicate? _____

Alternative communication devices (check all that apply):

- ☐ Picture Board ☐ Tablet ☐ Other: _____

- Does camper adequately express needs? ☐ Yes ☐ No

Explain: _____

Receptive Language

- Does camper comprehend spoken language? ☐ Yes ☐ No

Explain: _____

- Is camper able to understand and follow simple directions? ☐ Yes ☐ No

Explain: _____

- Is camper able to read? ☐ Yes ☐ No

2. ACTIVITIES OF DAILY LIVING (ADLs)

Ambulation/Mobility

- Is camper fully ambulatory? ☐ Yes ☐ No

Assistance needed: _____

Eating & Drinking

- Is camper independent with eating and drinking? ☐ Yes ☐ No

Assistance needed: _____

Dressing

- Is camper able to dress self? ☐ Yes ☐ Needs Some Assistance ☐ No



Toileting

- Is camper toilet trained? ☐ Yes ☐ No – wears pull-ups ☐ No – wears diapers
- If YES, is camper independent with toileting? ☐ Yes ☐ Needs Some Assistance ☐ No
- Does camper communicate need to use toilet? ☐ Yes ☐ No – prompting required
- Explain: _____
- Is camper on a toileting schedule? ☐ Yes ☐ No
- Explain: _____
- Can camper care for menstrual needs? ☐ Yes ☐ No ☐ N/A
- Assistance needed: _____

3. SENSORY & MOTOR SKILLS

Sensory

- Does camper experience sensory processing issues?
- ☐ Yes – Oversensitivity (sensory avoiding)
- ☐ Yes – Under-sensitivity (sensory seeking)
- ☐ No

Motor Skills

- Does camper experience challenges with **gross motor** skills? (walking, balancing, etc.) ☐ Yes ☐ No
- Describe: _____
- Does camper experience challenges with **fine motor** skills? (utensils, buttons, etc.) ☐ Yes ☐ No
- Describe: _____

4. DANGER AWARENESS/SAFETY

Danger Awareness

- Does camper recognize and understand potential household dangers? (electrical outlets, stove, cleaning supplies/chemicals, sharp objects, fire, etc.) ☐ Yes ☐ No
- Does camper recognize and understand potential community dangers? (strangers, traffic, street crossing, wandering, railroad tracks, etc.) ☐ Yes ☐ No

Safety

- Does camper require constant supervision? ☐ Yes ☐ No
- If NO, how long can camper be unsupervised? (circle) 1min 5min 10min 15min >15min



5. BEHAVIORAL & EMOTIONAL HEALTH

Behavioral Challenges

- Does camper have behavioral challenges? ☐ Yes ☐ No

*If YES, check the severity of all behaviors that apply:

Eloping / Wandering	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Impulsivity	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Opposition / Defiance	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Tantrums	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Physical Aggression	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Verbal Aggression	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Self-Injurious Behavior	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Property Destruction	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Pica	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

- List any fears or phobias that camper has: _____

***IEP / 504 Plan: Parents/Guardians of school-aged campers should provide The Arc of Bergen and Passaic Counties with a copy of the individual's IEP or 504 plan.**

FORM COMPLETED BY: _____ ON: ____/____/____



HEALTH AND MEDICAL FORM INSTRUCTIONS

Health Forms

Health forms are to be completed by a **parent or guardian**.

- 1) Health History Form
- 2) Authorization to Consent to Emergency Medical Treatment Form

Medical Forms

Medical forms are to be completed by a **physician**.

- 1) Medical Examination Form
- 2) Medication Order Form

All health and medical forms must be submitted to The Arc prior to the start of camp. Camper acceptances are conditional on receipt and review of these forms.

Parents/Guardians/Caregivers are responsible for submitting all physician medical forms to The Arc. If they are not received by the deadline, the camper's acceptance may be delayed or revoked.

Medication Information for Parents/Guardians

Medications are stored at the Rainbow campsite for the duration of the camper's scheduled attendance. Medications are administered by Camp Rainbow's licensed nurse or staff who are certified in medication administration. All medications are returned to the camper's parent/guardian at the end of their last day of camp.

If your camper is prescribed medication(s) that must be administered at camp between the hours of 9:00 am-3:00 pm or PRN (as needed), please follow the instructions below:

1. Medications must be in their original bottles with their original pharmacy labels.
The labels on the bottles must match the physician's order on the Medication Order Form.
2. Medications must be handed to the camper's bus driver, bus monitor, or a camp staff member on the camper's first day of camp. Do not put medications in their lunch box, backpack etc.
3. Inform the Camp Rainbow Nurse of any special instructions for administration such as crushing, mixing into food or liquid, etc.
4. Include medication measuring spoons, droppers, etc. with any medications that require measuring utensils. The Camp Nurse will label these with your camper's name, if needed, taking care not obstruct any markings on the utensils.

The Camp Rainbow Nurse may be contacted directly while camp is in session for any medical questions or concerns. Prior to the start of camp, please use the contact information at the bottom of this page to be connected to a camp staff member who can best assist you.



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Camp Rainbow | e: rainbow@arcbp.com | www.arcbp.com/programs/camp_rainbow



HEALTH HISTORY FORM

TO BE COMPLETED BY PARENT/GUARDIAN

CAMPER LAST NAME _____ CAMPER FIRST NAME _____
 DOB ____/____/____ CAMPER AGE (IN JUNE) _____ GENDER ☐ M ☐ F

1. I/DD DIAGNOSIS

- Check all diagnoses that apply (if *other*, specify):

☐ Autism Spectrum Disorder

☐ Mild ☐ Moderate ☐ Severe

☐ Intellectual Disability

☐ Mild ☐ Moderate ☐ Severe ☐ Profound

☐ Down Syndrome

☐ Epilepsy

☐ Cerebral Palsy

☐ Other: _____

☐ Other: _____

☐ Other: _____

2. ALLERGIES

- Please list camper's *environmental* allergies: ☐ No Known

- Please list camper's *food* allergies: ☐ No Known

- Please list camper's allergies to *medications*: ☐ No Known



3. SEIZURE HISTORY

- Does camper have a seizure disorder or history of seizures? ☐ Yes ☐ No
- If YES, please check seizure type:

<input type="checkbox"/> Absence (petit mal)	<input type="checkbox"/> Focal Impaired Awareness (complex partial)
<input type="checkbox"/> Atonic	<input type="checkbox"/> Tonic-Clonic (grand mal)
<input type="checkbox"/> Atypical Absence	<input type="checkbox"/> Myoclonic
<input type="checkbox"/> Clonic	<input type="checkbox"/> Tonic
<input type="checkbox"/> Focal Aware (simple partial)	
- Frequency of seizures: _____
- Date of last seizure: _____ Duration of last seizure: _____
- List any triggers: _____

- Warning signs/aura: _____

- What does a typical seizure for your camper look like? _____

- Post seizure response/symptoms after seizure: _____

4. ADAPTIVE PHYSICAL DEVICES/MOBILITY AIDS

- Does camper use any adaptive devices or physical aids? ☐ Yes ☐ No
- If YES, please check all that apply:

<input type="checkbox"/> Adaptive Feeding Equipment	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Cane	<input type="checkbox"/> Helmet
<input type="checkbox"/> Compression Garments	<input type="checkbox"/> Orthopedic Brace/Support
<input type="checkbox"/> Crutches	<input type="checkbox"/> Orthotics
<input type="checkbox"/> Dentures	<input type="checkbox"/> Walker
<input type="checkbox"/> Glasses / Contacts	<input type="checkbox"/> Other: _____



5. ILLNESS

- Can camper communicate that he/she is not feeling well? ☐ Yes ☐ No

Explain: _____

- Describe camper's warning signs in terms of onset of illness: _____

6. MEDICAL AUTHORIZATIONS

AUTHORIZATION TO EMERGENCY MEDICAL TREATMENT

I hereby give permission for the above named individual to receive emergency medical treatment while attending The Arc of Bergen and Passaic Counties' summer day program, Camp Rainbow.

Parent/Guardian Signature

____/____/____
Date

Parent/Guardian Signature

____/____/____
Date

AUTHORIZATION TO ADMINISTER MEDICATION

I hereby give permission for medication to be administered to the above named individual by the Camp Nurse or certified staff at Camp Rainbow.

Parent/Guardian Signature

____/____/____
Date

Parent/Guardian Signature

____/____/____
Date

AUTHORIZATION TO CONTACT PHYSICIAN

I hereby authorize the above named individual's physicians to provide information to, speak with, and consult with the Camp Rainbow Nurse regarding the medical/healthcare needs of the camper, and I authorize the Camp Rainbow Nurse to communicate the same with physicians.

Parent/Guardian Signature

____/____/____
Date

Parent/Guardian Signature

____/____/____
Date



AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT FORM

TO BE COMPLETED BY PARENT/GUARDIAN

I/We, the undersigned, parent(s)/guardian of _____, do
(print camper's full name)

hereby authorize the Director, Assistant Director and/or Nurse of The Arc of Bergen and Passaic Counties' summer day program, Camp Rainbow, as our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon, when such diagnosis or treatment is required.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective until the conclusion of the individual's participation in Camp Rainbow unless sooner revoked in writing and delivered to said agent(s).

Mother/Guardian Signature

____/____/_____
Date

Father/Guardian Signature

____/____/_____
Date

Camper Signature (if age 18+ and own guardian)

____/____/_____
Date

Parent(s)/Guardian Phone #:

HOME: (____) ____ - ____ WORK: (____) ____ - ____ CELL: (____) ____ - ____

Parent(s)/Guardian Home Address:

STREET _____

CITY _____ ZIP _____



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MEDICAL EXAMINATION FORM

TO BE COMPLETED BY PHYSICIAN

CAMPER LAST NAME _____ CAMPER FIRST NAME _____
 DOB ____/____/____ AGE _____ GENDER ☐ M ☐ F

INDIVIDUAL'S IDD DIAGNOSIS: _____

1. MEDICAL HISTORY

- CHECK IF INDIVIDUAL IS SUBJECT TO ANY OF THE FOLLOWING (COMMENT AS TO SEVERITY FREQUENCY, ETC.):

✓	CONDITON	EXPLAIN	✓	CONDITION	EXPLAIN
<input type="checkbox"/>	ALLERGIES (FOOD)		<input type="checkbox"/>	GOITER	
<input type="checkbox"/>	ALLERGIES (MEDS)		<input type="checkbox"/>	HAY FEVER	
<input type="checkbox"/>	ASTHMA		<input type="checkbox"/>	HEADACHES	
<input type="checkbox"/>	BRONCHITIS		<input type="checkbox"/>	NIGHT SWEATS	
<input type="checkbox"/>	COLDS		<input type="checkbox"/>	REACTION TO INSECT BITES	
<input type="checkbox"/>	CONSTIPATION		<input type="checkbox"/>	SEIZURES	
<input type="checkbox"/>	DIARRHEA		<input type="checkbox"/>	SHORTNESS OF BREATH	
<input type="checkbox"/>	DIZZINESS		<input type="checkbox"/>	SINUS TROUBLE	
<input type="checkbox"/>	EARACHES		<input type="checkbox"/>	SORE THROAT	
<input type="checkbox"/>	ECZEMA		<input type="checkbox"/>	STOMACH ACHES	
<input type="checkbox"/>	FAINTING SPELLS		<input type="checkbox"/>	TONSILLITIS	
<input type="checkbox"/>	FREQUENT URINATION		<input type="checkbox"/>	OTHER:	

COMMENTS: _____

- CHECK IF INDIVIDUAL EVER CONTRACTED/EXPERIENCED ANY OF THE FOLLOWING (INCLUDE DATE IF KNOWN):

✓	ILLNESS	DATE	✓	ILLNESS	DATE
<input type="checkbox"/>	CHICKEN POX		<input type="checkbox"/>	MEASLES	
<input type="checkbox"/>	DIPHTHERIA		<input type="checkbox"/>	MUMPS	
<input type="checkbox"/>	GERMAN MEASLES		<input type="checkbox"/>	PNEUMONIA	
<input type="checkbox"/>	HEART TROUBLE		<input type="checkbox"/>	RHEUMATIC FEVER	
<input type="checkbox"/>	HEPATITIS	DATE:	<input type="checkbox"/>	SCARLET FEVER	
		STATUS:	<input type="checkbox"/>	WHOOPING COUGH	
<input type="checkbox"/>	HERNIA		<input type="checkbox"/>	OTHER:	
<input type="checkbox"/>	INFANTILE PARALYSIS		<input type="checkbox"/>	OTHER:	



2. IMMUNIZATIONS

- PROVIDE DATES OF INDIVIDUAL'S IMMUNIZATIONS:

VACCINATION	DATE	VACCINATION	DATE
DIPHTHERIA/PERTUSSIS		PNEUMOCOCCAL CONJUGATE (PCV 13)	
TETANUS*		MENINGOCOCCAL	
MEASLES		ROSEOLA	
MUMPS		SMALLPOX	
RUBELLA		TYPHOID	
POLIO (1,2 ,3)		INFLUENZA	
POLIO (BOOSTER)		COVID-19	
HAEMOPHILUS INFLUENZAE TYPE B (HIB)		COVID-19 (BOOSTER)	
HEPATITIS B		TINE/MANTOUX TEST	DATE:
VARICELLA (CHICKENPOX)			RESULTS:

*TETANUS MUST BE WITHIN PAST 10 YEARS

3. HOSPITALIZATIONS/SURGERIES/MAJOR ILLNESSES OR INJURIES

- DESCRIBE ANY MAJOR ILLNESSES/INJURIES, SURGERIES, AND HOSPITALIZATIONS (IF APPLICABLE) AND LIST DATES:

DESCRIPTION	DATES	HOSPITALIZATION
	-	-
	-	-
	-	-
	-	-

4. LIMITATIONS & RESTRICTIONS

- INDICATE "Y" FOR ANY LIMITATIONS/RESTRICTIONS AND EXPLAIN, OR INDICATE "N" IF NOT APPLICABLE:

LIMITATION/RESTRICTION	Y / N	EXPLAIN
ACTIVITY		
DIETARY		
ENVIRONMENTAL		
OTHER		

5. MEDICATION

- DOES THIS INDIVIDUAL CURRENTLY TAKE ANY MEDICATION? ☐ YES ☐ NO

IF "YES" PLEASE COMPLETE THE ACCOMPANYING MEDICATION ORDER FORM



6. PHYSICAL EXAM

- INDICATE INDIVIDUAL'S PRESENT PHYSICAL CONDITION; INCLUDE ANY PERTINENT INFORMATION IN NOTES COLUMN:

REGION	GOOD	FAIR	POOR	NOTES
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EYES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENITALS/URINARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LUNGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LYMPH GLANDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MUSCULAR DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEETH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THROAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HEIGHT:	FT	IN	WEIGHT:	LBS
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PHYSICIAN SIGNATURE

I hereby certify that I have examined this individual within 6 months and have reviewed his/her health history and clear him/her to attend The Arc of Bergen and Passaic Counties' summer day program, Camp Rainbow. I certify that to the best of my knowledge this individual is free from contagious disease.

Physician Signature

_____/_____/_____
Date

Physician Name _____ Phone _____ - _____ - _____

Address _____, NJ _____
Street City Zip



MEDICATION ORDER FORM

TO BE COMPLETED BY PHYSICIAN

Instructions: List all medications currently being taken by the individual, including medications that do not need to be taken during camp hours.

CAMPER NAME:	
ALLERGIES:	

This form must accompany the Medical Examination Form if the individual currently takes medication.

MEDICATION NAME	DOSE	TIMES MEDICATION IS TO BE GIVEN	REASON FOR MEDICATION

Physician Signature

____/____/____
Date



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