



Developmental & Disability Services of Lebanon Valley

1126 Walnut St., Lebanon, PA 17042
Ph.: (717) 274-3493 Fax: (717)274-1304
www.ddslebanon.org

Jason Schibinger
President

Summer 2018

Andrea Dawson
Vice President

Dear Parent or Guardian,

Kristen Watts
Treasurer

Thank you for registering for the Summer Stars Day Camp. Please take a moment to complete all of the materials in this application packet and return to DDS, along with payment and/or notice of payment, by the designated deadline. Mail to:

Rick Heisey
Secretary

DDS – Summer Stars Day Camp
1126 Walnut St.
Lebanon, PA 17042

Colleen L. Christian
Executive Director

Space is limited. The camps will be filled on a “first come, first serve” basis and you must register for each camp. It is best to include payment along with the application in order to secure your spot. Checks should be made payable to Developmental & Disability Services. If you are using other funding sources that are pending – still complete and mail in the packet. Inform us of what other funding sources you are using and if they will be paying us directly for the camp. All campers will receive confirmation of their acceptance into the camp(s). If you have questions in regard to the camp program, call us at 274-3493.

If you have participated in our day camp program in the past you will note that we have made a few changes based on the needs of our campers. Most notably, three of the four camps will be held at the Nature Barn located at Stoever’s Dam Park. We believe this space is more conducive to providing an atmosphere for adventure, as well as affording us the flexibility to divide campers into groups as needed for various activities. We will once again visit Camp Mack for the first week of camp. In addition, we have set an upper age limit for the camp of 17 years of age.

DDS is fortunate to have the local support of the community to help keep camp expense affordable for families. The actual cost to administer the full camp program is approximately \$350 per camper, while the mini camp is \$200 per camper. While these changes have added additional expenses for running the camp, we know that you agree that safety is our first concern so that all campers have a positive and meaningful camp experience.

We are looking forward to you joining us this summer.

Ellen Imboden,
Program Manager
Developmental & Disability Services of Lebanon Valley

DDS Summer Stars Day Camp 2018 – Registration Packet



Camper's Name _____ Parent/Guardian's Name: _____

Phone Number _____ Best time to call: ___ morning ___ afternoon ___ evening

Please register for the following camps:

					PAID	
_____ July 10-13	9am-3pm	Register by 7/2/2018	Age 8-17	\$175	\$ _____	
_____ July 16-19	9am-12 noon	Register by 7/10/2018	Age 4-8	\$ 75	\$ _____	
_____ July 23-26	9am-12 noon	Register by 7/16/2018	Age 4-8	\$ 75	\$ _____	
_____ July 30-Aug. 2	9am-3pm	Register by 7/23/2018	Age 8 -17	\$ 175	\$ _____	
					TOTAL PAID \$ _____	

DDS cannot guarantee 1:1 supervision. If a child has a TSS it is strongly encouraged that the support person attend with the camper.

Will a TSS be attending with camper? _____ yes _____ no

If so, each day? _____ yes _____ no

What day(s) _____

TSS should bring a packed lunch.



**PLEASE
ATTACH
PHOTO**

2018 SUMMER STARS CAMPER APPLICATION



Camper's Name: _____
 Camper's Nickname: _____ Male _____ Female
 Height _____ Weight _____ DOB _____ Age at camp _____
 Address _____ City, State, Zip _____
 County _____ Race/Ethnicity _____ Language _____
 T-Shirt Size: Child Medium Child Large Child X-Large
 Adult Medium Adult Large Adult X-Large Other Size _____

FAMILY INFORMATION

Parents/Guardian _____ Home # _____
 Mother's Work # _____ Cell# _____ Father's Work # _____ Cell# _____
 Email Address _____ Number of people living in the household _____
 Will a sibling be attending the camp: Yes No If yes, name of sibling(s) _____

EMERGENCY INFORMATION

Emergency Contact (other than parents): Name/Relationship _____
 Home Phone: _____ Work: _____ Cell: _____

HEALTH INFORMATION

Primary Diagnosis: _____
 Other Health Problems: _____
 Seizures/Serious Injuries: Type _____ Date: _____
 Surgeries (most recent): Type _____ Date: _____
 Allergies: Latex Penicillin Insect Bites Medications _____
 Other _____ Foods _____

MEDICATION PORTION OF HEALTH INFORMATION (FOR MEDICATIONS TO BE DISPENSED DURING CAMP ONLY): IMPORTANT NOTE: All medications must be turned in to DDS Staff each morning. Medication must be in original label and container.

Name of Medication	Strength	Dosage, Frequency	Special Instructions
<i>Example: Clonidine</i>	<i>0.5mg</i>	<i>1/2 tab, with lunch</i>	<i>Crush tab and mix into applesauce</i>
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, you are authorizing the DDS staff/volunteer LPN to administer medication:

Parent/Guardian Signature: _____ Date: _____

SKILLS CHECK SHEET

CAMPER'S NAME _____

To be completed by a parent, caregiver or adult participant

MOBILITY ___ Ambulatory; ___ Ambulatory with cane or walker
 ___ Uses: wheelchair: ___ Manual, ___ Electric, ___ Both Can transfer ___yes ___no

Comments:

DRESSING	Independent	Verbal Prompts	Physical Assistance	Comments
Can unpack/pack self				
Dresses self				
Can tie shoes				
Can button and zipper				
Can tell between clean & dirty clothes				

TOILETING	Independent	Verbal Prompts	Physical Assistance	Comments
Uses toilet appropriately				
Asks to use the toilet				
Can wipe				

Has bathroom schedule: ___yes, ___no; If yes, describe:

Wears depends: ___yes, ___no; If yes, when are they worn?

FEEDING	Independent	Verbal Prompts	Physical Assistance	Comments
Is able to use a fork				
Is able to use a spoon				
Is able to use a knife				
Is able to eat finger food				
Drinks from a glass				

Has the ability to eat a full serving: ___yes, ___no; If no, please describe:

Adaptive equipment is used to eat (please send):

Food Allergies:

Special dietary restrictions:

Dislikes:

CAR AND/OR MOTION SICKNESS ___yes, ___no describe:**COMMUNICATION**

Please check all methods of communication that your child uses.

- ◇ Verbal
- ◇ Alpha Talker
- ◇ American Sign Language
- ◇ Gestures/Pointing
- ◇ Picture Cards/PECS
- ◇ Physically Leading
- ◇ Other: _____

Is your child able to communicate independently using this method? Yes/No

Please explain: _____

SOCIALIZATION

When your child plays, he/she (check all that apply):

- ◇ Will share toys with peers
- ◇ Will engage in play with peers
- ◇ Will only engage in play with an adult
- ◇ Will approach another peer and engage peer in an activity
- ◇ Will **not** play with a peer but can tolerate peers playing in his/her "personal space"
- ◇ Will **not** tolerate other peers

*If so, explain behaviors shown: _____

- ◇ Hits
- ◇ Kicks
- ◇ Scratches
- ◇ Bites
- ◇ Will understand verbal instructions and perform the correct play activity with peers

SWIMMING

Can go swimming: ___yes, ___no; Can submerge head under water: ___yes, ___no

Swimming Level: _____ Will enter pool with assistance: ___yes, ___no; Can float and get face wet, ___yes, ___no

Can use kickboard: ___yes, ___no; Can swim independently in deep end: ___yes, ___no;

Can support self in water, using specific stroke: ___yes, ___no;

Boating Skills: ___yes, ___no; if yes, what skills? (List below)

Comments:

INTEREST

List likes:

List dislikes:

Hobbies/Interests:

Please feel free to submit any additional information that would be helpful in serving the participants (i.e.: additional information on participants, behavioral support plans, etc.)

Signature of Person Completing Form: _____ Relationship _____

Telephone Number: _____

FOR OFFICE USE ONLY!

Reviewed by: _____ Date: _____

2018 DEVELOPMENTAL & DISABILITY SERVICES OF LEBANON VALLEY ACTIVITIES RELEASE

I. PARTICIPATION CONSENT

I understand and certify that my child's participation in Summer Stars Day Camp, being run by Developmental & Disability Services (DDS) of Lebanon Valley is completely voluntary. I recognize that certain hazards and dangers are inherent in these activities, which may include, but are not limited to, the activities of hiking, fishing, archery, riflery and canoeing. I acknowledge that although Summer Stars Day Camp has taken safety measures to minimize the risk of injury to camp participants, Summer Stars Day Camp cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for Summer Stars Day Camp. Further, I have received approval from a doctor authorizing me/my child to participate in Summer Stars Day Camp recreational activities. I also agree to inform Summer Stars Day Camp of any activities in which I/my child may not participate.

Parent Initial: _____

II. LIABILITY RELEASE

As for activities in general, I the undersigned, understand that occasionally accidents occur during activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of activities, nonetheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. I authorize DDS staff to administer basic first aid in the event of minor injuries. As for activities using animals, I, the undersigned, acknowledge that even though programs using animals carefully screen their animal handlers prior to accepting them into their programs, animal behavior is inherently unpredictable. Therefore, I do hereby release Summer Stars Day Camp/DDS, The Boy Scouts of America and the City of Lebanon, Pennsylvania from any and all liability or responsibility due to any injury or loss that either I or my child may incur as the result of or arising in any way from our participation in any activity using animals. I hereby release and forever discharge Summer Stars Day Camp/ DDS, The Boy Scouts of America and the City of Lebanon, Pennsylvania including any of their officers, directors, employees and agents from all claims, causes of action or damages arising out of any injury, illness or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my child's attendance at Summer Stars Day Camp.

Parent Initial: _____

III. MEDIA RELEASE

I give Summer Stars Day Camp/DDS the right to interview and/or take photographs, audio or audio-visual recordings of my child to be used in promotional, educational or fundraising materials, including but not limited to videotapes, pamphlets and brochures. I acknowledge that Summer Stars Day Camp/DDS shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Summer Stars Day Camp/DDS and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by Summer Stars Camp/DDS. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, and furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned below.

_____ I do not consent to Media Release

Parent Initial: _____

IV. POLICY ON AGGRESSIVE BEHAVIORS

DDS Of Lebanon Valley reserves the right to refuse services to any individual who displays disruptive and/or aggressive behavior. Disruptive and/or aggressive behaviors include, but are not limited to: endangering one's self or others (i.e. self-abuse, hitting, biting, kicking, physically or verbally threatening the staff or other participants). If this type of behavior occurs, the individual will be asked to leave the facility immediately. The determination of such behavior is at the discretion of Summer Stars Day Camp/DDS staff. This policy is necessary to ensure the well-being and safety of Summer Stars Day camp/DDS program participants and staff. I understand the policy as stated previously. Furthermore, if I have any questions or concerns, I understand that it is my responsibility to discuss these with Summer Stars Day Camp/DDS staff **before** I sign this policy. I understand that as the parent/legal guardian it is my responsibility to pick up my child/client immediately should the situation arise. I understand that this must be done as quickly as possible, after such notification. My failure to respond immediately will result in the termination of my child from the Day Camp for the remainder of the week. DDS retains the right to disqualify a child from camp for aggressive or disruptive behaviors.

Parent Initial: _____