



1455 Fowler St.
 Richland, WA 99352
 (509) 783-1131
 Fax (509) 735-7706
www.arcoftricity.com

Partners N Pals 2019 Ages 7-21 Application

The Arc of Tri-Cities requires all documents included in the registration packet to be completed prior to accepting a child into the program. In the spaces below, write 'N/A' if not applicable. Please attach additional information as needed

CAMPER INFORMATION

First Name	Last Name	Date of Birth	Age	Gender
Address	Apt	City	State	Zip
Name of Apartment, Mobile home park or Facility:			School	
Phone #	T-shirt Size <input type="checkbox"/> CS <input type="checkbox"/> CM <input type="checkbox"/> CL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X			
Child's Language	E-mail Address			
How did you find out about this program? <input type="checkbox"/> Participant from Last Year <input type="checkbox"/> School <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> DDA <input type="checkbox"/> Other _____				

PARENT OR GUARDIAN INFORMATION

First Name	Last Name	Cell Phone	Home Phone
Address	Apt	City	State Zip
Employer	Email		

EMERGENCY CONTACT INFORMATION

First Name	Last Name	Cell Phone	Home Phone
Address	Apt	City	State Zip
Employer	Relation		

PARENT SURVEY

Please check all that apply on why you are participating in Partners N Pals

☐ Family needs a break ☐ Teach skills ☐ Exercise ☐ Friendship and Socialization ☐ Lack of Options ☐ Maintain my job

Partners n Pals average costs are \$350 per week per child. Due to the support of volunteers, community business, and local grants we are able to keep the costs affordable for all families. The following questions are voluntary, but greatly help us to obtain grant funding.

Ethnicity

☐ Not Hispanic ☐ Hispanic
☐ White ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Black/African ☐ American Indian/Alaskan Native

What community skills are you hoping your child will learn while participating in camp?

☐ Hands to self ☐ Street safety ☐ Stay with the group ☐ Socialize with others ☐ Follow directions ☐ Stand in line
☐ Transitions ☐ Just want him/her to have fun

HEALTH INFORMATION

☐ Camper with disability (IEP in school)

☐ Camper without disability

Disability

Limitations

Medications

Allergies we should be aware of?

If an allergic reaction occurs, please list steps to relieve reaction:

Medical or daily needs we should be aware of:

Seizures

☐ None ☐ Petit Mal ☐ Grand Mal ☐ Other Date of Most Recent ______

The Arc of Tri-Cities policy in dealing with a seizure if they are in a seizure for over 2 minutes we will call 911 and then the family. If you would like us to take different action, please attach a seizure plan to this application. The Arc is not nurse delegated - which prevents us from administering medications or VNS.

Health Concerns

ACTIVITIES

Activities to be encouraged?

Activities to be limited?

Swimming Assessment

☐ None - afraid of the water ☐ None - Likes to hang out in the shallow end ☐ None – risk taker ☐ Beginner ☐ Fair ☐ Good

☐ I acknowledge that swimsuits must have a liner in order for my child to be allowed to swim.

Please Initial _____

☐ I acknowledge that for my child to swim who is incontinent they must have a swim diaper or a plastic diaper to wear under their swimsuit.

Please Initial _____

Please describe your child's social skills/ likes/dislikes

☐ Outdoor Games ☐ Music ☐ Crafts ☐ Water ☐ Board Games ☐ Kick Ball ☐ Coloring ☐ Art ☐ Paint
☐ Making Slime, ☐ Technology ☐ New Places ☐ Riding the Bus ☐ Animals ☐ Cooking

Other:

General Assistance

It is a common “camp” practice to have a “No Touch” policy. As our campers with disabilities require assistance in very simple activities such as “putting shoes on”, “assistance in the locker room” before swimming, “hand holding” in parking lots, etc. this policy is very difficult to follow. The Arc of Tri-Cities is committed to the safety and wellbeing of the campers; we assume it is necessary to physically assist your child as needed. If that is not the case, please sign below that your child does not require help.

MY CHILD DOES NOT REQUIRE ANY PHYSICAL ASSISTANCE WHAT SO EVER INCLUDING PUTTING ON SHOES, CROSSING STREETS, ASSISTANCE IN LOCKER ROOM OR PUTTING ON SUNSCREEN ETC.:

Parent/Guardian Signature _____ Date: _____

Mobility <input type="checkbox"/> Wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> No Issue Combined weight of mobility device and child: _____	Eating (The Arc of Tri-Cities does not have nurse delegation) <input type="checkbox"/> No Assist <input type="checkbox"/> Partial Assist <input type="checkbox"/> Total Assist
Toilet <input type="checkbox"/> No Assist <input type="checkbox"/> Reminders <input type="checkbox"/> Partial Assist <input type="checkbox"/> Diapers	Dressing <input type="checkbox"/> No Assist <input type="checkbox"/> Partial Assist <input type="checkbox"/> Full Assist This includes, shoes, swimsuit, etc...
COMMUNITY SKILLS	
Stays within a group- (In a grocery store or new locations does the camper stay with you or do you have to do one of the following :) <input type="checkbox"/> Stays within area - I am not worried <input type="checkbox"/> Follows my directions <input type="checkbox"/> I have him/her push the grocery cart to stay with me <input type="checkbox"/> I have to have someone with me when I go shopping <input type="checkbox"/> I do not take him/her shopping	
Communication <input type="checkbox"/> I can ask for help <input type="checkbox"/> I am non-verbal <input type="checkbox"/> I sign <input type="checkbox"/> I use a tablet	School Setting (choose all that apply) <input type="checkbox"/> General Ed <input type="checkbox"/> Life Skills <input type="checkbox"/> Resource Room <input type="checkbox"/> Autism Room <input type="checkbox"/> Work Experience <input type="checkbox"/> Home School <input type="checkbox"/> Behavioral Room
Follow Directions <input type="checkbox"/> Good <input type="checkbox"/> 50/50 <input type="checkbox"/> Difficulty understanding <input type="checkbox"/> Difficulty following directions	What does he/she do when happy?
What does he/she do when angry or frustrated?	Ideas on what to do when he/she gets frustrated:
TRANSPORTATION- Only if Dial A Ride Eligible	
I have completed the Dial-A- Ride eligibility process. <input type="checkbox"/> Yes <input type="checkbox"/> No	Ben Franklin Transit has approved my child's Dial a Ride eligibility. <input type="checkbox"/> Yes <input type="checkbox"/> No
Pick up address (must be within same city as drop off)	Drop off address (must be within same city as pick up)
The Arc of Tri-Cities policy is to ensure someone is home before dropping the camper off no matter what the age. If your child is at least 12 years old and does not need someone home at drop off please sign the following release.	
My child is at least twelve (12) years of age and I, _____ give The Arc of Tri-Cities my permission to leave my child unattended within the above designated residence. Parent/Guardian Signature _____ Date _____	

Pick and Drop off from Site

A parent or guardian may authorize up to 3 individuals to pick up their child from Partners N Pals. Authorized individuals will be required to present valid identification to pick up any child from the camp.

I authorize the following individuals to pick up my child from the Partners N Pals:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Intense Supervision

☐ I would like to request Intense Supervision service for my child- understanding that this request is based on our capacity of the camp and The Arc of Tri-Cities ability to serve safely in a community setting. Our Intense Supervision staff are not behavior experts, we ask families to work with us and our staff and help us get to know your child and help make it a successful summer.

CAMPER RELEASE

CAMPER RELEASE

I hereby approve our child's application for membership in the Arc of Tri-Cities summer camp and consent to his/her being given a physical examination, emergency treatment by a physician or hospital in case of an accident and to his/her taking part in various activities at or with the Arc of Tri-Cities and will not hold The Arc of Tri-Cities or any of their staff or volunteers responsible for injury to my child, damage to his/her property, or lost or stolen property which may occur while participating in the Arc of Tri-Cities camp activities, or while being transported to or from such activities.

Parent/Guardian Signature _____

Date _____

Participant Signature _____

Date _____

MEDIA RELEASE

The Arc of Tri-Cities has my permission, (both during and any time after camp), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of The Arc of Tri-Cities and/or applying for funds to support those purposes and activities.

Parent/Guardian Signature _____

Date _____

Participant Signature _____

Date _____

PAYMENT INFORMATION

Do you want The Arc of Tri-Cities to bill DDA respite dollars? ☐ Yes ☐ No

(WAC 388-845-1615) Prohibits us from charging family's additional fees. – Families paying with DDA dollars will be charged the regular group cost and are not eligible for the reduced cost.

DDA Case manager name _____

Membership Reduces Cost!

How Do I get the Reduced Cost? Pay a one-time fee for Membership and Registration

Registration Membership Fee is a one-time fee that includes a camp t-shirt that can be picked up on the last day of camp or 2 weeks after camp ends. This Fee Reduces weekly camp cost.

\$60.00

Weeks	Dates	Discount Group Cost	Regular Group Cost	Intense Supervision Discount	Intense Supervision Regular Cost	Cost
Week 1	Wed, June 19 - Fri, June 21 (3 Days)	\$ 125.00	\$ 162.90	\$ 235.00	\$ 280.55	
Week 2	Mon, June 24 – Fri, June 28	\$ 195.00	\$ 235.30	\$ 350.00	\$ 380.10	
Week 3	Mon, July 1 – Wed, July 3 (3 Days)	\$ 125.00	\$ 162.90	\$ 235.00	\$ 280.55	
Week 4	Mon, July 8 – Fri, July 12	\$ 195.00	\$ 235.30	\$ 350.00	\$ 380.10	
Week 5	Mon, July 15 – Fri, July 19	\$ 195.00	\$ 235.30	\$ 350.00	\$ 380.10	
Week 6	Mon, July 22 – Fri, July 26	\$ 195.00	\$ 235.30	\$ 350.00	\$ 380.10	
Week 7	Mon, July 29 – Fri, August 2	\$ 195.00	\$ 235.30	\$ 350.00	\$ 380.10	
Week 8	Mon, August 5 – Fri, August 9	\$ 195.00	\$ 235.30	\$ 350.00	\$ 380.10	
Week 9	Mon, August 12 – Fri, August 16	\$ 195.00	\$ 235.30	\$ 350.00	\$ 380.10	

TOTAL

0

If you are using DDA dollars- You do not need to pay for membership fee.

**Request to have Division of Developmental Disabilities (DDA)
Pay for The Arc of Tri-Cities Summer Camp**

Information:

For the use of DDA Dollars only. For DDA to pay for your child's participation in The Arc of Tri-Cities summer camp, you must pre-authorize them to do so. Funding will begin on the first day your child starts camp.

STEP 1

Tell your case-manager that you want to use your waiver service dollars towards The Arc of Tri-Cities Summer Day Camp. Let them know the number of weeks and cost per week.

Step 2

The Arc of Tri-Cities upon receiving this form will send it to your case manager.

Step 3

The Arc must receive approval or required authorization before we can serve your child if using DDA funding.

The following weeks and amount is approved to be paid for by DDA

Weeks	Dates	Regular Group Cost	Intense Supervision Cost	Approval
Week 1	Wed, June 19 – Fri, June 21 3 days	\$ 162.90	\$ 280.55	
Week 2	Mon, June 24 - Fri, June 28	\$ 235.30	\$ 380.10	
Week 3	Mon, July 1 – Wed, July 3 3 days	\$ 162.90	\$ 280.55	
Week 4	Mon, July 8 – Fri, July 12	\$ 235.30	\$ 380.10	
Week 5	Mon, July 15 – Fri, July 19	\$ 235.30	\$ 380.10	
Week 6	Mon, July 22 – Fri, July 26	\$ 235.30	\$ 380.10	
Week 7	Mon, July 29 – Fri, August 2	\$ 235.30	\$ 380.10	
Week 8	Mon, August 5 – Fri, August 9	\$ 235.30	\$ 380.10	
Week 9	Mon, August 12 – Fri, August 16	\$ 235.30	\$ 380.10	

Name of Child_____

TOTAL FUNDS AUTHORIZED \$_____

Case-Manager_____ Date_____