



Happy Adventure Summer Camp

For Children and Young Adults with Developmental Disabilities

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www.cornerstonehouse.org

2019 Guidelines and Registration Packet

Dear Happy Adventure Summer Camp Parents/Guardians:

Attached please find the 2019 Happy Adventure Summer Guidelines and Registration Packet.

We are proud to announce that this is our 28th year of Summer Camp, we are so excited to celebrate 28 years of Happiness with your camper!

Campers are limited to one 1-week camp session. The cost for camp is \$150 per week, financial assistance is available. Camp slots will be awarded on a first-come, first-serve basis, so we encourage you to apply as soon as possible.

Please return your completed Application and Payment of \$150 to Cornerstone House of Santa Barbara by **June 15th**.

We do understand the complexity of the Physician Permission Form; this portion of the application can be sent separately at a later date. The Physician may fill this portion out based on your campers last physical if it is within 1 year of camp, otherwise it must be completed based upon a current physical done prior to camp.

If you should have any questions, please feel free to contact me. We look forward to seeing both you and your camper this summer!

Warm regards,

Maggie Wordell
Executive Director

Happy Adventure Summer Camp Guidelines

Financial Assistance

Our program is available to everyone regardless of ability to pay. Cornerstone House of Santa Barbara uses a sliding fee scale designed to meet financial needs of most families and individuals. People of all ages, backgrounds, abilities and incomes need assistance at different times in their lives. If we can serve you and/or your family in this way please completed the Financial Assistance Application.

Camp Hours/Late Drop Off/Absenteeism

Camp hours are from 8:30 am to 3:00 pm. If your camper will be late or absent from camp please contact the Camp Coordinator to inform them of the absence prior to the start of camp.

Late Pick up

Parents/Guardians are required to pick up their camper at 3:00 pm. Chronic late pick up will be grounds for dismissal.

Parent/Guardians Responsibilities

We welcome your advice and concerns. If you have any questions and/or concerns, please speak with the Camp Coordinator. If they are unable to meet your needs, please contact our Executive Director.

Your responsibilities:

- You are responsible for transportation to and from camp
- You are responsible for your camper upon arrival to camp until he/she has been signed in and acknowledged by his/her counselor. Your camper may not be signed in before the start of camp.
- All campers must be signed in/out each day with a full legal signature form an adult (at least 18 yrs of age). Campers will only be released to persons listed on the registration form.
- It is the responsibility of the parent/guardian to notify Happy Adventure Summer Camp of any changes in personal information immediately at the time of change.

Summer Camp Staff

The Happy Adventure Summer Camp Program operates under direct supervision of the Executive Director of Cornerstone House of Santa Barbara. The camp is led by a Camp Coordinator(s), whose responsibility is the operation of Happy Adventure Summer Camp, including but not limited to the supervision of campers and counselors, program planning and implementation, communication and parent relations. Most of our staff are college students with special education backgrounds. All have cleared fingerprint clearance.

Sunscreen

Please apply sunscreen to your child prior to sending them to camp. By requiring families to apply sunscreen prior to camp the Happy Adventure Summer Camp can avoid the possibility of an allergic reaction, and in order to avoid a reaction we require that all campers bring their own sunscreen to camp.

The Happy Adventure Summer Camp sunscreen will only be used in emergencies.

Fieldtrips

Our Summer Camp Program includes fieldtrips that require either walking, bus transportation or van transportation. The Happy Adventure Summer Camp has been successfully taking children on fieldtrips for many years. Fieldtrips are carefully planned and at no time will any child be left unsupervised. Camp Coordinator(s) keep all campers' emergency information with them at all times. Transportation for fieldtrips will either be walking, Cornerstone House van's driven by experienced staff members or school buses which provide experienced state licensed drivers. At no time are Happy Adventure Summer Camp staff members permitted to transport children in personal vehicles.

Happy Adventure Summer Camp Guidelines

Lunch and Snacks

Due to the individual dietary needs of our campers. Campers must bring their own snacks and lunch every day to camp. **Do not send food that needs to be refrigerated or heated.** All perishable food should be sent should be packed with cold packs. Extra fruit and drink are recommended in hot weather. Water will always be available to campers. Soda and Candy are NOT permitted at camp.

Weekly Calendars

Activity calendars will be mailed/emailed and will be available online at www.cornerstonehouse.org prior to the beginning of camp.

Health and Safety

The Physician Permission Form must be completed in full and signed by the camper's primary care provider.

Safety is our primary concern. If your camper is injured or ill at camp, we will take whatever steps necessary to provide appropriate care. These steps may include but are not limited to:

- Attempting to contact parents or authorized person(s) listed on the camp application.
- Summoning 911/emergency care.
- Assigning a counselor or a designated person to go with the camper to the hospital or medical facility, if a camper is sent.
- Behavioral concerns should be reported to the Camp Coordinator(s) prior to the start date of camp so adequate and appropriate preparation and care can be provided.

Medication

A Medication Authorization Form must be completed and signed by the parent or guardian in order for any medication to be administered. Medication must be brought to staff in its original prescription labeled container. The label must clearly identify the child's name, doctor, date, prescription name and dosage. Campers are not allowed to dose medication themselves. All medicine (including inhalers) must be given to the camp staff.

Illness

If a camper becomes ill while in our care, a parent will be contacted and asked to pick up their child immediately. If a parent cannot be reached, the staff will phone the emergency contact person(s) listed on the enrollment form. The Happy Adventure Summer Camp is not licensed to provide care for sick campers.

Injuries

Injuries will be treated as needed: washing, applying Band-Aids or ice packs. Parents will be notified upon pick up, and will be given an "Ouch Report" explaining the details. In accordance with sanitation and state regulations, the Happy Adventure Summer Camp staff cannot administer any cream, ointment or anti-bacteria solutions. Parents or guardians will be contacted immediately in the case of more serious injuries, in which medical attention is needed.

Happy Adventure Summer Camp Guidelines

Behavior and Discipline

It is the goal of our camp to provide a healthy, safe and secure environment for all Summer Camp participants. Redirection is the first logical step to behavior management. Should the problem persist, removal from the activity will be used as a form of discipline. In the event that chronic behavior problems develop, incidents will be documented and communicated to the parent or guardian.

Emergency/Natural Disaster Plan

In the event a natural disaster occurs, our goal is to keep campers safe and calm. The Camp Staff will determine the safest plan of action. The Camp Coordinator(s) will always keep the campers' emergency information with them at all times.

Lost and Found

The Happy Adventure Summer Camp assumes no responsibility for lost or stolen items. Please label all belongings with permanent marker. Please leave all toys and games at home.

Program concerns or questions

We encourage constant communication between parents/guardians, staff and campers to assure everyone's needs are being met. If you should ever have a problem, concern or question, please ask our Camp's Coordinator(s). Should they not be able to meet your needs, please contact the Executive Director at Cornerstone House of Santa Barbara. It is through your input that we are better able to meet the needs of our campers and enhance the quality of our program. Evaluations are made available for your feedback at the end of camp on how we can continue to improve our program.

New Campers

The Camp Coordinator(s) will contact you prior to camp for a meeting with your camper and parent/caregiver. This is to give us a better sense of your campers needs and help us in pairing your camper with a counselor.

Thank you

We are happy that you have selected our camp! We offer days filled with happiness and wonderful activities. We thank you for sharing your camper with us.

Happy Adventure Summer Camp 2019

Session/Date (Check one) ___ **Week 1**-July 22 to July 26 ___ **Week 2**-July 29 to August 2

T-Shirt Size (Circle one) **Child** S M L XL **Adult** S M L XL XXL

General Information (Please print)

Campers Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian 1-Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Parent/Guardian 2-Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Camper lives with _____ Relationship _____

Emergency Contacts/Authorized Pick-Up (In addition to parents)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Other Information

Is the camper a Tri-Counties Regional Center client? ___ Yes ___ No

If yes, name of Service Coordinator _____

Is the camper currently receiving behavioral support services? ___ Yes ___ No If yes, name of Company and type of behavioral _____

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Insurance Company _____ Group # _____

Please submit copy of insurance card with application

Signature of Parent/Guardian _____ Date _____

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Physician Permission Form

Date _____

Name _____

DOB _____

Sex _____

Height _____

Weight _____

Medical Information

Diagnosis _____

Date of onset: _____ Cause _____

Date of most recent tetanus toxoid shot ____/____/____

Date of most recent TB vaccine ____/____/____ (must be within a year to be current)

Medical History

Regular Medication? ___ Yes ___ No If yes, please fill out the information below:

Medication Name	Purpose	Time(s)	Dosage
1. _____	_____	_____	_____ mg
2. _____	_____	_____	_____ mg
3. _____	_____	_____	_____ mg
4. _____	_____	_____	_____ mg

Neurological

Yes ___ No ___

If yes, please describe _____

Seizures _____

Controlled _____

Last Seizure _____

Mobility Status Can the camper ambulate independently? Yes ___ No ___

If no, please describe _____

Prosthetics/Orthodontics

Type _____ Purpose _____

Type _____ Purpose _____

Braces/other special equipment _____

Other

Special feeding needs: ___ Yes ___ No If yes, please describe _____

Allergies: ___ Yes ___ No If yes, please describe _____

Please list any secondary conditions the camper has or has had a history of:

The above referenced camper has my permission to participate in the Happy Adventure Summer Camp under appropriate supervision.

Physician's Signature _____ Date ____/____/____

Physician's Name _____ Address _____

City/Zip _____ Telephone () _____

H a p p y A d v e n t u r e S u m m e r C a m p
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Release Form

I, the undersigned, the parent/legal guardian of _____,

Camp Participant's Name

being of lawful age, knowingly and voluntarily state and agree as follows:

In consideration of the opportunity for _____,

Camp Participant's Name

to attend Happy Adventure Summer Camp upon participation being accepted, and intending to be legally bound, I do hereby for myself and on behalf of my camper, and for my heirs, executors, administrators, successors and assigns, release, waive and forever discharge **Cornerstone House of Santa Barbara**, and its officers, employees or agents from any and all claims, actions, damages, costs, judgments, or liability whatsoever, which I now have, or which may hereafter accrue to me, or which my child may now have, or hereafter accrue to him or her in account of or in any way growing out of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries and property damage, and the consequences resulting from or to result from my child participating in Happy Adventure Camp which is to occur on or about **July 22 through August 2, 2019** at or near Santa Barbara and surrounding areas.

I understand that in signing this agreement I am releasing the **Cornerstone House of Santa Barbara** from any and all claims that my camper may have for personal injuries or property damage that may be accrued as a result of participating in the above described event, even if such injuries or damage were caused by the negligence of the Cornerstone House officers, employees or agents.

I further understand and agree that in signing this document all my rights and my camper's rights under sections 1542 of the Civil Code of California are also expressly waived. That section reads:

A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which known by him must have materially affected his settlement with the debtor.

I acknowledge that no representation of fact or opinion has been made by **Cornerstone House of Santa Barbara**, or any of the officers, employees or agents, to induce this release on my part, and that I have signed this release freely and voluntarily, after having read it completely, and with the full knowledge of any rights or privileges that I may be waiving or releasing.

IN WITNESS HEREOF, I have executed this release on the _____ day of _____, 2019.

Signature of Parent/Guardian

Happy Adventure Summer Camp
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Campers Name (Please Print) _____

Fieldtrip Permission

I hereby give consent to the Happy Adventure Summer Camp and its designated leaders to take the above named camper on walking trips field trips, to public park facilities and on special excursions to places of interest in Camp vans, buses, commercial vehicles, public transportation, or in rented vans or buses, with the understanding that such trips are under supervision of authorized personnel of the Camp and that all possible precautions are taken to insure the health and safety of the above named camper. Initial _____

Emergency Medical Treatment

I hereby give consent to Happy Adventure Summer Camp, to have the above named camper transported to a medical facility to receive emergency medical treatment. Initial _____

I hereby give consent to Happy Adventure Summer Camp to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for the above named camper. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the above named camper without obtaining further consent. Initial _____

I hereby give consent to Happy Adventure Summer Camp to release any and all health information on file to any medical personnel rendering emergency treatment on the above named camper. Initial _____

All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the camper's parents or guardians. I understand that Happy Adventure Summer Camp and Cornerstone House of Santa Barbara assume no financial responsibility for medical care or ambulance transportation. Initial _____

Health Statement

I understand that physical activity is a regular part of the Happy Adventure Summer Camp. To the best of my knowledge the above named camper is able to participate in camp activities with no restrictions (except what is listed on the Physician Permission Form). If I have any questions regarding the above named camper's health, I understand that it is my obligation to seek professional medical advice and to inform the Happy Adventure Summer Camp of any restrictions. Initial _____

Photographic Release

I hereby give consent to Cornerstone House of Santa Barbara and the Happy Adventure Summer Camp to take photographs, videos, motion pictures and/or sound recordings of the above named camper and any of the camper's family members engaged in camp activities. I further grant Cornerstone House of Santa Barbara permission to use such photographs, videos, motion pictures and/or sound recordings in its general publicity, newsletters, brochures, fundraising appeals, social media and website. I understand that all photographs, videos, motion pictures and/or sound recordings will be in good taste and will not be used for the purpose of exploiting any disability or violating the privacy of any individuals. Initial _____

Insurance Disclaimer

The Happy Adventure Summer Camp does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the camper's parents or guardians. Initial _____

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Campers Swim Ability Assessment

The Happy Adventure Summer Camp may include aquatic activities at a pool, beach or other locations with water. Please check the box below with the description that most closely fits the camper. Your initial below authorizes your camper to participate in swimming activities.

Little to no swimming experience/cannot swim independently

Comfortable swimming/can swim unassisted

Initial _____

Permission for Authorizing use of Sunscreen

I understand that providers now much have written permission from parents authorizing use of sunscreen and indentifying the Sunscreen Brand and Sun Protection Factor (SPF) to be used on campers. The Happy Adventure Summer Camp is trying to avoid the possibility of an allergic reaction.

I hereby give consent to the Happy Adventure Summer Camp and its designated leaders to apply sunscreen, which I have provided for my child during the camp program. The staff may use the brand provided by the Happy Adventure Summer Camp in the event my camper does not have their own sunscreen.

Sunscreen provided by parent/guardian (brand) _____ SPF _____

I understand that I am required to provide my sunscreen for my child and I authorize the Happy Adventure Summer Camp to directly apply the sunscreen to my child.

Initial _____

Parent Statement of Understanding

I understand that I am not to leave my camper at the camp site unless a Camp Staff is there to receive and supervise my camper.

I understand I am to pick up my camper by the close of camp each day, if I fail to do so and staff is unable to reach me or and alternate listed on the emergency contact, staff may have no recourse but to contact the police.

I understand should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the campers safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the Happy Adventure Summer Camp staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Initial _____

I have read and agree to the above information:

Parent or Legal Guardian's Signature

Date _____

Print Name

Date _____

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Camper Characteristics

To be filled out by the Camper's Parent/Guardian. Thank you very much for taking the time to let us know your camper better so we can meet his/her individual needs!

1. What is his/her favorite activity outdoors? _____
2. What is his/her favorite activity indoors? _____
3. Does your camper like to swim? Is your camper allowed to swim? _____
4. Does your camper like music? If yes, what kind _____
5. Does your camper like groups or do they prefer a quiet environment? _____
6. If your camper has a favorite item/game/toy, what is it? Will you be sending it along to camp?

7. What is your camper's favorite food/ drink? (If applicable) _____
8. Is there any food or drink your camper does not like OR is allergic too? (If applicable) _____

9. What activities does your camper enjoy at the park? _____

10. Does your camper feel comfortable with hand-over-hand assistance (if needed) with arts and crafts activities? If the answer is no, please give us some information on the best way to assist your camper with these activities. _____

11. Does your camper usually require a rest period during a 9:30-2:30 day? If the answer is yes, what rest time is normal? _____
12. Is there anything your camper is afraid of or dislikes intensely? _____
13. Does your camper use restroom facilities independently? _____
14. Does the staff need to enter the restroom with your camper for assistance or assurance? _____
15. Does your camper have any other camp experience? If yes, please describe. _____

16. What do you hope your camper will gain from his/her experience at Happy Adventure Camp? _____

H a p p y A d v e n t u r e S u m m e r C a m p
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Feedback Form

The following section should be completed by parents, guardians or caregivers of campers who have attended past sessions of Happy Adventure Summer Camp.

Your feedback is extremely helpful to us in improving future camp programs and in raising the funds necessary to support the camp. Please provide two- or three-sentence answers to each of the following questions. Use the reverse side for additional space if needed.

1. Has the camp had a positive impact on the camper? If so, please explain:

2. Has the camp been beneficial to you in providing respite from care-giving? If so, please provide details:

3. Additional comments:

4. Cornerstone may excerpt your comments for fund-raising materials such as news releases, brochures, and grant proposals. Please check **one** of the options below:

- You may use my full name along with my comments.
- You may identify my comments by my relationship to my camper using his/her first name only (e.g., "Fred's mother").
- You may use my comments with no attribution.
- My comments are strictly confidential; please do not disseminate them in any manner.

Signature of Parent/Guardian _____ Date _____

Happy Adventure Summer Camp 2019 Financial Application

Campers Name _____

Employer: Parent 1/Guardian _____

Position _____ Work number _____

Employer: Parent 2/Guardian _____

Position _____ Work number _____

Please report GROSS income. GROSS income means actual income before deductions.

ANNUAL INCOME			
	Parent 1	Parent 2	OTHER
SALARY OR WAGES			
NET INCOME FROM RENTAL PROPERTY			
DIVIDENDS AND INTEREST			
RETIREMENT INCOME			
SOCIAL SECURITY PAYEE:			
VA BENEFITS/COMPENSATION PAYEE:			
CHILD SUPPORT PAYMENTS CAMPER'S NAME: PAYEE:			
DISABILITY OR UNEMPLOYMENT INCOME/PUBLIC AID- AFDC			
OTHER INCOME DESCRIBE			
TOTAL GROSS INCOME			

**Happy Adventure Summer Camp
2019
Financial Application**

ANNUAL AMOUNTS

CAMPER'S MEDICAL EXPENSES: \$ _____

CAMPER'S PORTION OF HEALTH/DENTAL
INSURANCE PREMIUM (**Not** Life Insurance) \$ _____

CAMPER'S PERSONAL NEEDS AND
INCIDENTALS \$ _____
(Annual amount paid from gross family income for
personal needs and incidentals for the child
with developmental difficulties)

PAYMENTS TO GOVERNMENT AGENCIES \$ _____
Enter Name of Agency _____

MAJOR UNUSUAL EXPENSES: (Must be
documented and approved by the Department
of Developmental Services. Example: natural
disaster, catastrophic uninsured loss, extreme
medical expenses) \$ _____

CHILD SUPPORT OR ALIMONY PAID: (A copy
of the final divorce decree showing the amount
of alimony or child support must be provided.) \$ _____

NUMBER OF FAMILY MEMBERS DEPENDING ON TOTAL
GROSS INCOME (Include the camper) _____

I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct and complete.

Parent 1/Legal Guardian

Date

Parent 2/Legal Guardian

Date

**PLEASE ATTACH THE MOST RECENT FEDERAL INCOME TAX RETURN WITH YOUR
HAPPY ADVENTURE SUMMER CAMP APPLICATION**