

Dream Day on Cape Cod

Camp Nan-Ke-Rafe

Family Camper Application 2009

Dream Day on Cape Cod is an organization dedicated to children with life-threatening illnesses, and their families. We are excited to begin our eleventh season at Camp Nan-Ke-Rafe, our family campground in Brewster, Massachusetts. Our goal is simple: *fun, family, and respite*.

Our facility, located on 17-acres in beautiful Nickerson State Park (itself 1900 acres), includes individual cabins for each family, a centralized dining hall, and a centralized bathhouse. Camp Nan-Ke-Rafe staff members organize and lead family activities throughout the day. Come and enjoy activities including archery, hiking, swimming, fishing, and arts and crafts. We also love to explore beautiful Cape Cod while horseback riding, whale watching, go carting and more! Whether you relax on the beach or participate in our evening campfire ceremonies, there will be fun-filled activities for everyone.

We offer 6 one-week sessions during the months of July and August. Each session begins on Sunday at 3 p.m. and ends on Friday at noon.

PLEASE NOTE – Dream Day programming is limited to the immediate family – including siblings 18 & under. We are unable to serve extended family members including but not limited to cousins, aunts, uncles etc.

Completed family applications should be sent to the following address:

Kathleen Giorgio
Executive Director
Dream Day on Cape Cod
165 Nan-Ke-Rafe Path
Brewster, MA 02631

Incomplete applications will be returned. Priority will be given to applications received before April 1st.

Upon receipt, families will be notified of their designated week. Prior to coming to camp, families will receive a **“Need to Know” Dream Day on Cape Cod Camp Nan-Ke-Rafe Preparation List**, detailing what families can expect during their special week at camp.

Questions, please contact Kathleen Giorgio via email at kgiorgio@verizon.net or by phone at 774-994-7346. We look forward to seeing you this summer!

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CAMPER INFORMATION:

Child's Name: _____ Male Female
 Address: _____ DOB: _____
 City: _____ State: _____ Zip: _____
 Diagnosis: _____ Date of Diagnosis: _____
 Grade in School Next Fall: _____ In Remission? Y/N ___ Since When _____
 Primary Language: _____ Can He/She Speak English? Yes No
 Parent(s)/Guardian(s) Name(s): _____
 Address (if different): _____
 Phone: _____ Work: _____ Cell: _____
 E-mail: _____

Please list siblings that will be accompanying Dream Day child and parent/guardian to Camp:

Name: _____	Age: _____	Male	Female
Name: _____	Age: _____	Male	Female
Name: _____	Age: _____	Male	Female
Name: _____	Age: _____	Male	Female
Name: _____	Age: _____	Male	Female

Please indicate which summer session you are applying to.

Place a number 1 next to your first choice and a number 2 next to your second choice.

SUMMER SESSIONS:

_____ Sun July 5- Fri July 10	_____ Sun July 12- Fri July 17	_____ Sun July 19- Fri July 24
_____ Sun July 26- Fri Jul 31	_____ Sun Aug 2- Fri Aug 7	_____ Sun Aug 9- Fri Aug 14

GENERAL INFORMATION:

Have you ever been to Camp Nan-Ke-Rafe before? Yes No
 If yes, how many times? _____
 How did you hear about Dream Day on Cape Cod? Internet Hospital* Other**
 If you answered "Hospital" please list: _____
 Medical Personnel Name: _____
 If you answered "Other" please list: _____

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FAMILY CAMPER INFORMATION

Activities

Please list activities that interest you:

Diet

Please list concerns/likes regarding appetite or special food:

Additional information

Please list additional questions, concerns or information regarding your potential stay at Dream Day on Cape Cod's Camp Nan-Ke-Rafe:

Have you (family or child) attended other programs similar to Dream Day? Please name:

Camper Agreement

All Dream Day on Cape Cod staff, volunteers, and families are required to initial and agree to abide by some basic rules and guidelines before they are permitted to work or stay at Camp Nan-Ke-Rafe. **We ask that all family members read the agreement below. By initialing and signing below, all family members understand the rules and will abide by them at all times.**

OUR FAMILY UNDERSTANDS AND AGREES TO ALL OF THE FOLLOWING RULES:

	Initial
We will not bring illegal drugs to Camp Nan-Ke-Rafe.	_____
We will not bring knives or potentially dangerous items to Camp Nan-Ke-Rafe.	_____
We will not swear or use foul language at Camp Nan-Ke-Rafe.	_____
We will treat all campers and staff members with respect at all times.	_____
We will follow the Camp Director's instructions regarding any out of bound areas.	_____
We will observe designated quiet times.	_____
We will respect Dream Day property and equipment at all times.	_____

Signature of Parent/Guardian of family

Date

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CAMPER MEDICAL FORM

This page to be completed by family physician or pediatrician.

GENERAL INFORMATION

Child's Name: _____ Male Female
Address: _____ DOB: _____
City: _____ State: _____ Zip: _____
Diagnosis: _____ Date of Diagnosis: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Phone: _____
Current Specialty Physician: _____ Phone: _____

Medications to be taken routinely (include non-prescription):

Allergy to foods, medications and other:

Baseline physical findings:

Baseline vital signs:

Baseline neurological status:

Prosthesis/Appliances:

Explain any restriction to activities:

IMMUNIZATIONS

TB skin test Pos Neg TB Skin Test Date: _____
Are all immunizations up to date? Yes No
Are immunizations records on file at physician's office? Yes No

PHYSICIAN'S ACKNOWLEDGEMENT

I have been informed about Dream Day Camp Nan-Ke-Rafe and the request of my patient to attend. The items are correct to the best of my knowledge and belief. In my opinion, this patient is physically capable of attending Camp Nan-Ke-Rafe.

Physician's Signature

Date

Please Print Name

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MEDICAL INFORMATION

This form to be completed by parent or guardian

All medications brought to camp must be in their original containers

Information on this form is confidential.

SPECIAL NEEDS

Please list all special needs so that the necessary preparations can be made.

Is there anything we should know about your child that will make his/ her stay more comfortable?

Does your child have a central line (Broviac Hickman or Cook catheter)? Yes No

Does your child use any special equipment such as a walker, wheelchair, crutches or prosthesis?

Special food needs?

Has your child had Chicken Pox? Yes No

PLEASE NOTE: You must alert us if your child has been exposed to any communicable disease one to three weeks before attending Camp Nan-Ke-Rafe.

SIGNATURE/ CONSENT

(Parent/Guardian consent for release of this form to health care provider)

Parent/Guardian Signature

Date

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PARTICIPATION CONSENT

The undersigned parent/guardian hereby gives permission for my child to participate in any and all activities, including transportation to and from Dream Day Camp Nan-Ke-Rafe and its activities, except those specifically prohibited by me, as indicated below and the child's physician.

I do not authorize my child's participation in the following activities:

Parent/Guardian Signature

Date

RELEASE OF LIABILITY

The undersigned parent/guardian understands that occasionally accidents occur during campground activities and that participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risk of campground activities, nevertheless, and in consideration of my child's acceptance for participation at Camp Nan-Ke-Rafe, the undersigned agrees to assume those risks and to hold harmless Dream Day on Cape Cod, and all organizations agents, representatives, employees and volunteers. Further, the undersigned acknowledges that Dream Day on Cape Cod accepts no responsibility for the loss, damage or theft of my family's property.

Parent/Guardian Signature

Date

PHOTO AND INFORMATION RELEASE

I give Dream Day on Cape Cod permission to photograph and use pictures or visual and audiotapes of my child and family in professional and fundraising activities. Dream Day and Camp Nan-Ke-Rafe respects the privacy of its campers and does not allow unauthorized visitors to photograph the campground or campers.

Parent/Guardian Signature

Date

PLEASE NOTE:

All applications must be completed in full. Partially completed applications will be returned.