

Family Camper Application 2019

* Required

1. Email address *



General Information

2. Which Session Are You Applying To (1st Choice) *

Mark only one oval.

- June 23-June 28
- June 30-July 5
- July 7-July 12
- July 21-July 26
- July 28-August 2
- August 4-August 9
- August 11-August 16

3. Which Session Are You Applying To (2nd Choice) *

Mark only one oval.

- June 23-June 28
- June 30-July 5
- July 7-July 12
- July 21-July 26
- July 28-August 2
- August 4-August 9
- August 11-August 16

4. **Which Session Are You Applying To (3rd Choice) ***

Mark only one oval.

- June 25-June 28
- June 30-July 5
- July 7-July 12
- July 21-July 26
- July 28-August 2
- August 4-August 9
- August 11-August 16

General Information

5. **How did you hear about us? ***

Mark only one oval.

- Internet
- Hospital
- Other

6. **If Hospital or Other Please Elaborate**

7. **Case Manager Name**

8. **Case Manager Position**

9. **Case Manager Email Address**

10. **Case Manager Phone Number**

11. **Have you attended our summer program before? ***

Mark only one oval.

- Yes
- No

12. **If yes, please list exact years**

13. **Please list other similar service organizations your family is currently involved with**

14. **Child's FIRST Name ***

15. **Child's LAST Name ***

16. **Gender Identity ***

Mark only one oval.

Male

Female

17. **Address ***

18. **City ***

19. **State ***

20. **Zip ***

21. **Diagnosis (list all medically relevant) ***

22. **Date of Diagnosis ***

23. **Is your child in remission? ***

Mark only one oval.

- Yes
 No
 N/A

24. **If yes since when?**

25. **Child's Age ***

Mark only one oval.

- 0-1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17

26. **Date of Birth ***

Example: December 15, 2012

27. **Grade in School Next Fall ***

28. **Child's Primary Language ***

29. **Can Child Speak English ***

Mark only one oval.

Yes

No

30. **Ethnicity/Race (Optional)**

31. **Is this child a foster child? ***

Mark only one oval.

Yes

No

32. **If yes, please list legal guardian**

33. **Parent(s)/Legal Guardian(s) FIRST Name(s) ***

34. **Parent(s)/Legal Guardian(s) LAST Name(s) ***

35. **Cell Phone(s) of Primary Contacts ***

36. **Home Phone(s) of Primary Contacts ***

37. **Work Phone(s) of Primary Contacts ***

38. **Employer(s) Name and Address of Primary Contacts ***

39. **Emergency Contact Name (someone who will not be attending camp with you) ***

40. **Emergency Contact Phone Number (someone will not be attending camp with you) ***

Please list siblings that will be accompanying the Dream Day child and parent/guardian to camp

Siblings must be youth ages 17 or under

41. **Name**

42. **Age**

43. **Gender Identity**

Mark only one oval.

Male

Female

44. **Name**

45. **Age**

46. **Gender Identity**

Mark only one oval.

Male

Female

47. **Name**

48. **Age**

49. **Gender Identity**

Mark only one oval.

Male

Female

50. **Name**

51. **Age**

52. **Gender Identity**

Mark only one oval.

Male

Female

Family Camper Information

53. **Please list activities that interest you ***

54. **Diet - Please list any family concerns/likes regarding appetite or special food ***

55. **Additional Information - Please list additional questions, concerns, or information regarding your potential stay with us ***

Medical Information

This section to be completed by parent or Guardian. All medications brought to camp must be in their original containers. All information on this form is confidential

Special Needs

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

57. **Please list anything we should know about your child that will make their stay more comfortable ***

58. **Does your child have a central line (Broviac, Hickman, or Cook catheter)? ***

Mark only one oval.

Yes

No

59. **Does your child use any special equipment such as a walker, wheelchair, crutches, prosthesis, etc.? ***

Mark only one oval.

Yes

No

60. **If yes, please list:**

61. **Please list any special food needs: ***

62. **Do any attending family members have any allergies (food or otherwise) or other pertinent medical conditions? ***

Mark only one oval.

Yes

No

63. **If yes, please list:**

64. **Has your child had the chicken pox? ***

Mark only one oval.

Yes

No

65. **The above medical information is true and accurate. Furthermore I agree to alert Dream Day on Cape Cod if any of my attending family members has contracted or been exposed to a communicable disease one to three weeks before attending camp. ***

Mark only one oval.

Agree

Disagree

Authorization for Dream Day on Cape Cod to provide medical treatment

I hereby give my consent for Dream Day's medical personnel to provide any and all reasonable and necessary medical treatment for my children. I understand and consent that I am responsible for all medical expenses incurred by Dream Day on Cape Cod on my behalf or on behalf of any members of my family.

Please include all of the children in your family who will be attending Dream Day on Cape Cod

66. **Name ***

67. **Date of Birth ***

Example: December 15, 2012

68. **Name**

69. **Date of Birth**

Example: December 15, 2012

70. **Name**

71. **Date of Birth**

Example: December 15, 2012

72. **Name**

73. **Date of Birth**

Example: December 15, 2012

74. **This authorization will remain in effect while we are attending camp with Dream Day on Cape Cod in Brewster, Massachusetts ***

Mark only one oval.

Agree

Disagree

75. I understand and agree that information disclosed regarding any of the individuals named in this application and related documents may be disclosed or released to appropriate organizations or individuals (including but not limited to: members of the Camp staff, insurance companies, and physicians) in connection with attendance at Dream Day on Cape Cod. I hereby confirm that the above information is true and accurate and that once accepted, I agree to update this information if information changes. *

Mark only one oval.

- Agree
 Disagree

Permission to use photographs, video, and/or audio recordings of you and/or your family

76. On behalf of myself and my family, I do hereby give Dream Day on Cape Cod, without considerations or compensation, permission to use photographs, audio, and/or video recordings that may be taken or recorded while my child and family are attending camp for promotional, educational, or fundraising activities. It is my understanding that these likenesses may be used to promote public and professional understanding and support of the program. I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied. *

Mark only one oval.

- Agree
 Disagree

Permission to use family name in connection with fundraising efforts

77. There is no cost to you for your family's stay at Dream Day on Cape Cod. However, it costs over \$2500 per family to attend a week at camp. To assist in fundraising efforts, we have established a Family Sponsorship program in which we approach individuals, corporations, and civic and service organizations. This fundraising allows us to keep Dream Day on Cape Cod's program free to families. If you know of someone who would be willing to sponsor one or more families, please let us know. I give my permission for Dream Day on Cape Cod to use my/my family's name to help raise funds for a Family Sponsorship. I understand that I am to receive no compensation for the use of my/my family's name for these purposes. *

Mark only one oval.

- Agree
 Disagree

Camper Agreement

All Dream Day on Cape Cod staff and volunteer members are required to initial and agree to abide by some basic rules and guidelines before they are permitted to work at Dream Day. To ensure utmost safety for all campers and staff, we ask that all campers agree to and abide by the same guidelines. WE ASK THAT ALL FAMILY MEMBERS READ THE BELOW AGREEMENT. BY SIGNING BELOW, ALL FAMILY MEMBERS UNDERSTAND THE RULES AND WILL ABIDE BY THEM AT ALL TIMES.

78. *

Mark only one oval per row.

agree

We will not bring/use illegal drugs or alcohol to/at Camp Nan-Ke-Rafe	<input type="radio"/>
We will not bring knives or potentially dangerous items to Camp Nan-Ke-Rafe	<input type="radio"/>
We will not swear or use foul language at Camp Nan-Ke-Rafe	<input type="radio"/>
We will treat all campers and staff members with respect at all times	<input type="radio"/>
We will follow the Camp Director's instructions regarding any out of bounds areas	<input type="radio"/>
We will observe designated quiet times	<input type="radio"/>
We will respect Dream Day property and equipment at all times	<input type="radio"/>
We will smoke in designated areas only	<input type="radio"/>

Powered by

