

# Dream Day Family Application 2020

Thank you for applying to Dream Day on Cape Cod! We hope to see you this summer.

Qualified applicants are chosen based on time stamps of application. To review qualifications please visit [www.dreamdayoncapecod.org/family-camp/family-eligibility-and-attendance-policy](http://www.dreamdayoncapecod.org/family-camp/family-eligibility-and-attendance-policy). Families that have not attended before and those residing on Cape Cod and the Islands receive priority. Applicants will be notified of their status on/around March 15th, 2020.

Please be sure your contact information and other answers are accurate.

\* Required

1. **Email address \***

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## General Information

2. **Camper's FIRST NAME \***

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3. **Camper's LAST NAME \***

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4. **Mother or other legal guardian FIRST NAME \***

If not applicable, write N/A.

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5. **Mother or other legal guardian LAST NAME \***

If not applicable, write N/A.

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6. **Father or other legal guardian FIRST NAME \***

If not applicable, write N/A.

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7. **Father or other legal guardian LAST NAME \***

If not applicable, write N/A.

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8. **Name of Spouse/Partner who will attend (if different from above). If not applicable, answer N/A \***

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9. **Main Contact FIRST and LAST NAME \***

Please list the parent or legal guardian who is the person Dream Day should be communicating with.

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10. **Main Contact EMAIL ADDRESS \***

Please provide email address for main contact. If you do not have an email address, please write none in response.

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11. **Main Contact PHONE NUMBER \***

Please provide telephone number for main contact. Please include area code.

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12. **Street Address \***

Include apartment number if applicable

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13. **City \***

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14. **State \***

*Mark only one oval.*

MA

NH

CT

RI

ME

NY

NJ

Other: \_\_\_\_\_

15. **ZIP CODE \***

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16. **Camper's Gender Identity \***

*Mark only one oval.*

Male

Female

Other

17. **Camper's Primary Diagnosis \***

Please list as succinctly as possible. More detailed medical information will be gathered after acceptance..

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18. **Camper's Secondary Diagnosis \***

Please list as succinctly as possible. More detailed information will be gathered after acceptance..

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19. **Has your family attended Dream Day summer camp before? \***

*Mark only one oval.*

Yes

No

20. **If yes, what years did you attend? \***

If none, enter 0

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21. **How many siblings will attend? \***

Dream Day cabins have sleeping accommodations for six people. Efforts are made to accommodate larger families but are not guaranteed.

*Mark only one oval.*

0

1

2

3

4

Other: \_\_\_\_\_

22. **How many others will attend (i.e., required PCA, caregiver relatives)? \***

Dream Day cabins have sleeping accommodations for six people. Efforts are made to accommodate larger families but are not guaranteed.

*Mark only one oval.*

1

2

3

4

## Camp Session Choices

Please choose your first, second and third choice of dates of attendance. Efforts are made to accommodate first choice but are not guaranteed.

23. **First Choice \***

*Mark only one oval.*

June 21 - June 28, 2020

June 28 - July 3, 2020

July 5 - July 10, 2020

July 19 - July 24, 2020

July 26 - July 31, 2020

August 2 - August 7, 2020

August 11 - August 16, 2020

24. **Second Choice \***

*Mark only one oval.*

- June 21 - June 28, 2020
- June 28 - July 3, 2020
- July 5 - July 10, 2020
- July 19 - July 24, 2020
- July 26 - July 31, 2020
- August 2 - August 7, 2020
- August 11 - August 16, 2020

25. **Third choice \***

*Mark only one oval.*

- June 21 - June 28, 2020
- June 28 - July 3, 2020
- July 5 - July 10, 2020
- July 19 - July 24, 2020
- July 26 - July 31, 2020
- August 2 - August 7, 2020
- August 11 - August 16, 2020

## **Thank you for your application!**

On behalf of all of the Dream Day team, thank you for taking the time to apply to our special camp. All information will be kept confidential. A copy of this application will come to you via email upon submission.

Initial notifications of acceptance will be made on/around March 15th. If accepted or waitlisted, you will be notified and sent another form with additional questions such as names/ages of siblings, dietary and medical needs, and waivers. Additionally, upon acceptance, medical forms (provided by Dream Day) from your physician will be required prior to attendance at camp.

If you have any questions, please call Jake Javitch, Camp Director, at 508-360-9135 or email him at [cd@dreamdayoncapecod.org](mailto:cd@dreamdayoncapecod.org)

A copy of your responses will be emailed to the address you provided