

Camp Fiesta 2009 Registration Packet



Dear Camp Fiesta Applicants and Parents:

We are happy to be offering our Camp Fiesta program for the summer of 2009. As always, Camp Fiesta is a six week, recreation based summer program. This summer camp will be filled with afternoons of swimming, cooking, arts & crafts, music, creative play, sports, and lots more fun with old and new friends. Participants with intellectual disabilities who have completed kindergarten and have not yet graduated from high school are eligible to attend this program.

Attached to this letter is our Camp Fiesta registration packet. Please review the dates and times for camp very carefully, and fill out each of the pages completely. **If a form does not pertain to your child, please write N/A across the form – do not leave any pages blank or the packet will be returned to you and your child will not be placed on the registration list!** You may pay for Camp Fiesta with a DDD Summer Referral Form or by paying cash/check/credit card. Camp Fiesta program fees are due at the time you complete and return your registration packet. If the form of payment and all necessary documents are not completed and turned in with registration, your child will not be placed on the registration list.

If you are paying for camp with a DDD Summer Referral Form you must include the original referral form with the unique tracking number. The tracking number must have already been assigned by your case worker and indicates that your case worker has received approval for DDD to pay for your child to attend camp. If you do not have the necessary paperwork with you, or do not have a tracking number on your referral form, your child will not be registered for the program. You also must have a copy of the child's most recent ISP and fill this registration packet out completely.

If you are paying for Camp Fiesta by cash or check, the program fees are \$300.00 *per session*, due with your completed registration packet. (\$600.00 total for the six week program)

If your child requires an enhanced ratio, you must get the appropriate form signed by your Case Worker and submit the form with your completed registration packet. This enhanced ratio form is necessary to complete the registration process, and your child will not be registered without it.

You will receive a receipt immediately if paying privately for Camp Fiesta. If you are using a DDD referral form, you will receive your registration receipt by mail as soon as the correct paperwork is verified.

Thank you for choosing Camp Fiesta, we are looking forward to a wonderful summer.

Sincerely,

Mark Grant – 480-644-3651
Jacquie Gallo – 480-644-4948
Rebekah Dannenberg – 480-644-3652

Please return registration packet
and all registration materials to:
Attn: Rebekah Dannenberg
200 S. Center Street Bldg. 1
Mesa, AZ 85210

KEEP THIS PAGE FOR YOUR INFORMATION

Camp Fiesta 2009 General Information

Location: Stapley Junior High School, 3250 E. Hermosa Vista Dr.
(North of McKellips Road between Val Vista and Lindsey)

Dates: Monday through Thursday:
Session 1 – June 1st – June 18th
Session 2 – June 29th – July 16th

Time: Drop off by 12:00 noon, pick up at 3:00 p.m.

Please send your child to Camp Fiesta with a disposable sack lunch in a disposable lunch bag. There is no way to refrigerate or reheat any lunch items at camp. Thank you.

Swimming: Your child will swim one day each week of camp. A letter will be sent home after registration completes telling you which day of the week your child's group will swim. Please send your child with a swimsuit, towel, and with sunscreen already applied on the days your child will swim.

Child Pick Up and Drop Off: Please drop off your child by 12:00 noon each camp day. Your child will be eating lunch first, and your timeliness will ensure them enough time to finish eating. Please pick your child up at 3:00 p.m. at the front of the school. Please be aware there will be no parking along the sidewalk at the front of the school, as this space is reserved for buses. You must come inside the school to sign your child out. No child will be sent home with a person not listed on their pick up list. Children will only be sent home with responsible adults listed on their pick up form who present photo ID.

If you need to pick up a child early, or if you need to pick up a child who takes a bus route home, please call the camp phone before 1:30 p.m. on the day of the change. Failure to notify staff by this time may result in the child being placed on their typical bus route.

If your child has special transportation needs such as a wheelchair lift or a harness, a responsible adult must meet the bus for the child to be picked up or dropped off.

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Camp Fiesta 2009 Registration Packet
General Information



I will be paying for Camp Fiesta by the following method (please circle one)

Check - \$225.00 per session

Referral Form – (all paperwork enclosed)

(if you are missing any necessary forms or the correct form of payment, your child will not be registered for camp and this packet will be returned to you by mail.)

Participant Name: _____

Date of Birth: _____ Last Grade of School Attended: _____

Name of Last School Attended: _____

Name of Teacher: _____ Type of Classroom: _____

School Phone Number of Child's Teacher: _____

Is your child attending Summer School this year? Yes No
If yes, are you using a DDD Referral Form to pay for Summer School? Yes No

Name of Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Parent's Work Phone: _____ Email Address: _____

Mailing Address: _____

Second and Third Emergency Contact in case the primary guardian is unreachable:

Second Contact Name: _____ Phone: _____

Third Contact Name: _____ Phone: _____

Health Insurance Company and Policy Number: _____

Name and Phone of Child's Primary Doctor: _____

Has the participant ever had a seizure? Yes No (please circle one)

Type of seizure: _____ Date of last seizure: _____

I, the undersigned, assume all risks and/or hazards with participation in or connection with this program, Camp Fiesta, and do hereby agree to hold harmless the City of Mesa and its employees for loss which may occur therein. I understand that each camp participant is responsible for his/her own health insurance.

Parent/Guardian Signature: _____ Date: _____

Participant Information Sheet

Does your child have aggressive or negative behaviors? If so, how often does she/he display these behaviors?

Is there a behavior management technique that you use with your child that is more effective than others? If so, please explain what works best for your child when she/he is acting out.

Does your child have a tendency to wander away from the group? Please explain any special circumstances or supervision your child may need.

Does your child require assistance when toileting? (i.e. transfers, hand washing, etc.)

Can your child swim? What amount of assistance do you feel your child needs to be safe in a public pool?

Is there any other important information that you would like to share with us to help your child have a positive and safe experience at Camp Fiesta?

Please list any participant allergies (include food allergies): _____

Release of Information

I, _____, am enrolling my child/ward, _____, in a
(Print Guardian Name) (Print Participant Name)
City of Mesa Parks, Recreation and Commercial Facilities program. I hereby give my permission for you to release the information requested below for my child/ward. Please initial next to all methods for which you give permission of release. (Please note: If camp supervisors determine your child has any special supervision requirements we will require a release of *all* these types of information to optimize your child's camp experience. Also if your child is in need of enhanced ratio, all of these releases will be required.)

Please initial in the space provided.

_____ Release of IEP information.

_____ Adaptive Recreation staff classroom visit/observation of the child.

_____ Teacher and staff phone conversation.

Photo Release

I grant permission to the City of Mesa Parks, Recreation, and Commercial Division to use the likeness, voice, and words of the child named below in TV, newspaper, film, video, or other media, for the purpose of promoting the City of Mesa Parks, Recreation, and Commercial Division Adaptive programs. (this release is not mandatory, and we do understand that many participants cannot have their images released to the public)

Name of Participant: _____

Parent/Guardian Signature: _____ Date: _____

Medication Release Form

I give permission for the City of Mesa Parks, Recreation, and Commercial Facilities staff to administer medication to (child's name) _____ by the instructed dosage, frequency, type, and/or prescription direction given for each medication below with my direct consent. (the following page must be filled out for each medication.)

Parent/Guardian Signature: _____ Date: _____

Please list all medications your child is currently taking. (please list all medications, regardless of time of day taken): _____

Please list any side effects the above medications may cause: _____

Please note: Participants are not to carry medications on their person or in their backpack at any time during camp hours, or on any bus ride they may take. The only exception to this policy is the following EPI Pen/Inhaler release.

EPI Pen or Inhaler Release Form

If your child must carry an EPI pen or inhaler on their person in case of medical emergency, this permission form must be signed by the parent/guardian.

As the parent/guardian of (child's name) _____, I give my permission for an EPI pen or Inhaler to be carried on their person at Camp Fiesta. I understand the medication must have the correct prescription label on it with the dosage information on the medication itself. This exception is only for EPI pens and inhalers.

Parent/Guardian Signature : _____ Date: _____

Note: if the participant demonstrates irresponsibility in carrying/using the medication, the Site Supervisor or Nurse will hold the medication and the parent/guardian will be notified of this change.

Camp Fiesta Medication Form

Please note: A section of this form must be filled out for each medication that will be given to your child during camp hours. Please make copies of this form as necessary and include each form with the registration packet. It is the parent's responsibility to bring the child's medication to Camp Fiesta in the right quantities/amounts.

Medication Name: _____ Dosage: _____

Time to be Administered: _____ Special Instructions: _____

Any side effects? : _____

Date	Staff Initials	Comments	Date	Staff Initials	Comments
June 1, 2009			June 29, 2009		
June 2, 2009			June 30, 2009		
June 3, 2009			July 1, 2009		
June 4, 2009			July 2, 2009		
June 8, 2009			July 6, 2009		
June 9, 2009			July 7, 2009		
June 10, 2009			July 8, 2009		
June 11, 2009			July 9, 2009		
June 15, 2009			July 13, 2009		
June 16, 2009			July 14, 2009		
June 17, 2009			July 15, 2009		
June 18, 2009			July 16, 2009		

Medication Name: _____ Dosage: _____

Time to be Administered: _____ Special Instructions: _____

Any side effects? : _____

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June 15, 2009			July 13, 2009		
June 16, 2009			July 14, 2009		
June 17, 2009			July 15, 2009		
June 18, 2009			July 16, 2009		

Swimming Policies and Procedures

Swimming is a great part of Camp Fiesta. Stapley Junior High has a great pool facility we will be able to use including water play equipment and a water slide. This pool is not only used by our campers each day, but is also open to the public. In the past we have had several incidents with bowel control or other issues in the pool area, and we want to be sure this summer will be as safe and as clean as possible.

If your child has trouble with bowel control while swimming, they must wear a swimmer diaper or plastic waterproof pants when their group swims. An accident in the pool causes the pool to be closed for up to 24 hours while the water is cleaned and all areas are sanitized. This causes a major disruption to the pool schedule and an inconvenience to the other pool patrons. Our goal is to have a safe and clean summer, but also to make this process as discreet as possible not to embarrass your child.

There are many different websites that offer reusable swim diapers. One of the websites is www.watersafetyproductsinc.com – use the keywords ‘swim diaper’ in the search screen.

Thank you in advance for your cooperation with this policy. If you have any questions or concerns please contact Rebekah Dannenberg at 480-644-3652. For your information, the pool rules are printed at the bottom of this sheet.

Name of Camper: _____ Age: _____

The above named participant (please check one):

- Does not have problems with incontinence in pools
- Has a problem with incontinence in pools

I acknowledge reading the above pool policy and agree to comply.

Parent/Guardian Signature: _____ Date: _____

POOL RULES

1. Lifeguards have complete authority in the pool areas.

This is for your safety and comfort.

2. NO glass containers permitted in the pool area.

3. A staff member must accompany children going to the restroom.

4. No loitering in the bathroom/ changing areas.

5. All person in the pool area must be in swimsuits.

This is especially true of adults supervising children.

You must be prepared to be in the water to supervise.

6. Please remember to walk on the deck. No running or horseplay will be permitted.

7. Children under seven (7) years of age must be attended by an adult or responsible teenager.

8. No pets of any kind permitted in the pool area.

9. No food, gum, candy, tobacco, or beverages other than water permitted in the pool area.

10. Please deposit all trash and other refuse in the containers provided.

11. Please make sure that children have sunscreen applied.

12. Any child who is in diapers is required to wear plastic pants.

Swim Release Form

Swimming at Camp Fiesta will be part of our weekly activities. Please complete this swimming permission slip which will be kept in your child's file. Without the proper signatures, your child will not be eligible to swim at camp. Please fill out your child's name, check the box that applies to your child's level of participation, and sign at the bottom. Thank you.

Child's Name: _____

Check one box please:

- May participate in swimming activities under the supervision of Camp Fiesta staff.
- May not participate in swim activities at Camp Fiesta.

Parent Signature: _____ Date: _____

Life Jacket / Personal Floatation Device (pfd) Requirement Waiver

The City of Mesa Parks, Recreation and Commercial Facilities Division requires program participants who have had seizures within the last six months and those participants requiring mobility assistance to wear a life jacket / pfd while participating in aquatic and swimming activities at Camp Fiesta. By signing this waiver, you are requesting that your child/ward be exempt from this requirement. You are stating that you understand that if your child/ward has a seizure while involved in aquatic or swimming activities there is an increased risk of injury or death. In the event a seizure occurs while in the water, paramedics will be called.

I, (name of parent/guardian) _____, hereby request that my child/ward, (name of child/ward) _____, be allowed to participate in camp aquatic or swimming activities WITHOUT a life jacket / pfd. I agree to release the City of Mesa Parks, Recreation and Commercial Facilities Division and its employees from all liability arising from any harm or injury which occurs as a result of my request that my child/ward not be required to wear a life jacket / pfd while participating in Camp Fiesta aquatic and swimming activities. I understand that pfd's do not prevent drowning.

Parent/Guardian Signature: _____ Date: _____

Child Pick Up List

For the safety of your child, please list any persons who may be picking up your child from Camp Fiesta and their telephone number. Please note – your child will not be released to any individual unless his/her name is listed below and they have a matching picture ID with them at pickup. There are NO exceptions to this camp rule.

Name of Participant: _____

Please list any adults that you grant permission to pick up your child/ward:

1. _____

2. _____

3. _____

4. _____

5. _____

I grant permission for the above listed adults to transport my child to and or from camp Fiesta.

Signature of Guardian: _____ Date: _____

Please Print Name of Guardian: _____

****Please remember that you or those with permission to pick up your child must sign out your child with a Camp Fiesta staff member and have a current picture ID with them. ****

Transportation Request

For participants who qualify, Mesa Public Schools provides transportation as a service. This service is offered only for those participants who meet ***all three*** of the following criteria:

- Your child is a DDD client and is paying for Camp Fiesta with a Summer Referral Form.
- Your child is a current Mesa Public School student who will be transported within MPS boundaries.
- Your child is not a 'ward of the state' (foster child through DDD).

******Your child must meet all three criteria to be transported to or from camp by Mesa Public Schools Transportation. If you are unsure of your child's qualification, please contact your DDD Case Worker regarding your child's transportation funding.******

By filling out the following information, you are requesting MPS Transportation to take your child to and from Camp Fiesta, and are agreeing that your child meets ***all three*** of the above criteria.

Name of Participant: _____

Pick Up Address: _____ or fill in summer school site

Drop Off Address: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name and Phone Number: _____

Special Handling Information

Does your child use a wheelchair (manual or electric)? Yes No

Does your child require any special handling (i.e. harness, personal aide, etc.)? Yes No

If you answered yes to either question, please write a brief explanation of the special handling your child will require: _____

If your child requires special handling, a parent or responsible adult must meet the bus when the child is dropped off or picked up. You must also provide an alternate drop off address within one mile of the primary drop off in the event no responsible adult is at the primary drop off to meet the bus.

Alternate Drop off Address: _____

Name of Adult: _____ Phone Number: _____