

# 2022

# Camp CHALLENGE

**CAMP CHALLENGE** is a summer day camp organized by the City of Chandler Therapeutic Recreation program and designed for children, teens and youth, ages 6-21, with developmental disabilities. Activities include arts, crafts, sports, games, cooking, special guests, music, talent show, and more.

**Dates: Tuesday, June 1 through Friday, July 1**

**Camp Location: Sanborn Elementary School**  
700 N Superstition Blvd., Chandler, AZ 85225

**Days and Time: Monday-Friday, 8:30 a.m.-2 p.m.**

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**Registration will be done through drop off at the  
Tumbleweed Recreation Center | 745 E. Germann Road**

**RETURNING CAMPERS: Starting March 29**

**NEW CAMPERS: Starting April 5**

#### TO REGISTER:

##### Complete registration paperwork for DDD services:

- Chandler registration paperwork,
- Form of payment (DDD Change in ISP form) and
- A copy of your child's most current ISP.

**Using DDD services:** Talk to your support coordinators and have them provide you with a planning document with goals and a copy of your current packet. Both these documents are required before being accepted into camp.

##### Complete registration paperwork for private pay services:

- Chandler registration paperwork
- Form of payment (cash, check, debit or credit card). Residents: \$250 • Non-residents: \$338
- Payment will be collected after paperwork review

**Important Note:** Camp Challenge space is limited and is filled on a first-come, first-served basis. Upon receipt of all paperwork, you will be notified of your child's acceptance into the program within 7 business days. We do NOT provide 1:1 assistance. Participant must be able to function successfully in a 1:4 or greater ratio.

**Registration is not complete until all paperwork is submitted.**

For any further information, please call (480)782-2709 or (480)782-2742.

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Meet the counselors and learn about camp at Camper Rally

**Tuesday, May 31, 2022 from 3-4:30 p.m.**

at Sanborn Elementary

# REGISTRATION FORM

Please check one:  DDD paid client  Private pay client

Participant's Name: \_\_\_\_\_  
(last) (first) (m.i.)

Home Address: \_\_\_\_\_  
(street) (city) (zip code)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ E-mail address: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

**The following information is to help staff better understand each participant's wants and needs. Please be as specific as possible with your answers.**

1. Last grade completed: \_\_\_\_\_ School name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Teacher who we could contact: \_\_\_\_\_
2. What assistance does the participant receive at school?  
 Inclusion class  Special Ed class 1:4 ratio  Special Ed class 1:2 ratio  Special Ed class 1:1 ratio
  - Participant must be able to function in a summer camp setting of 1:4 supervision ratio (staff to participant) or greater.
  - Camp Challenge does not accommodate for 1:2 or 1:1 supervision ratios.
3. Has the participant ever had a personal classroom aide?  Yes  No
4. Will your child be attending summer school?  Yes  No  
 If yes, what time will they arrive at camp: \_\_\_\_\_ What is the last day of summer school? \_\_\_\_\_
5. Has participant ever been in Camp Challenge before?  Yes  No If yes, when? \_\_\_\_\_
6. Does participant read and/or write?  Yes  No
7. What is the participant's disability? (Please check all that apply to participant):  
 cerebral palsy  MIMD  MOMD  Down Syndrome  
 hearing impaired  learning disabilities  head injury  depression  
 fetal alcohol syndrome  autism/Asperger's  bi-polar  diabetes  
 cystic fibrosis  seizure disorder  ADD/ADHD  communication impairments  
 Other: \_\_\_\_\_
8. Does participant have allergies?  Yes  No  
 If yes, please list: \_\_\_\_\_
9. Can participant walk?  Yes  No
10. Does participant wear braces or other type of AFO?  Yes  No  
 If yes, what type and for what period of time? \_\_\_\_\_
11. Does participant have seizures or blackouts?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 If yes, please describe procedure to follow for care: \_\_\_\_\_

## REGISTRATION FORM (continued)

Have you ever known the applicant/participant to:

- |                                       |                                |                                 |                                       |                                |                                    |
|---------------------------------------|--------------------------------|---------------------------------|---------------------------------------|--------------------------------|------------------------------------|
| Interact well with others?            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |
| Be cooperative with peers and adults? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |
| Express his/her needs?                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |
| Exhibit age-appropriate behaviors?    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |
| Hit or strike others?                 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |
| Use foul language?                    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |
| Exhibit self destructive behavior?    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |
| React aggressively to criticism?      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Often | <input type="checkbox"/> Regularly |

Comments on the above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Has the participant ever been removed from a program for any type of behavioral reasons?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

13. Is the participant potty-trained?  Yes  No  
 Does the participant use diapers/pull-ups\*?  Yes  No  
 If yes, can the participant independently change his or her own diapers/pull-ups?  Yes  No  
 \*Staff will not be able to change diapers but can assist with pull-ups.  
 Does the participant need assistance in the bathroom?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: Participants must be potty-trained or independently able to take care of bathroom needs.**

14. What adaptive equipment will participant bring to camp? Please describe: \_\_\_\_\_  
 \_\_\_\_\_

15. Does participant feed him/herself?  Yes  No If no, please describe: \_\_\_\_\_  
 \_\_\_\_\_

16. Does participant have visual impairments?  Yes  No If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

17. Does participant have hearing impairments?  Yes  No If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

18. Does participant have communication difficulties?  Yes  No If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

19. Describe how participant participates in small groups: \_\_\_\_\_  
 Large groups: \_\_\_\_\_

20. Camp activities participant is most interested in? (Please check all that apply):

<input type="checkbox"/> Sports	<input type="checkbox"/> Swimming	<input type="checkbox"/> Community Integration/Outings
<input type="checkbox"/> Games	<input type="checkbox"/> Video Games	<input type="checkbox"/> Special Guest
<input type="checkbox"/> Arts	<input type="checkbox"/> Science	<input type="checkbox"/> Water Days
<input type="checkbox"/> Crafts	<input type="checkbox"/> Movies	<input type="checkbox"/> On Stage Show
<input type="checkbox"/> Cooking	<input type="checkbox"/> Music Therapy	
<input type="checkbox"/> Other: _____		

## REGISTRATION FORM (continued)

Please list any other pertinent information that would help our staff in working with the participant.  
(Be specific, and please attach additional page(s) if necessary): \_\_\_\_\_

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Please describe the participant's likes and dislikes. What activities and environmental stimulation does the individual enjoy and respond positively to? Is there anything that the individual responds negatively to?

Positive response to:

Negative response to:

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Staff Notes ( to be filled out by camp staff only): \_\_\_\_\_

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# EMERGENCY CONTACT

I, \_\_\_\_\_, the parent/legal guardian of the participant(s) listed below:

	<u>Child's Name</u>	<u>Program child will be participating in</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

give permission for emergency medical service to be administered to my child/participant listed above. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. I also give permission for any photo/video taken of my child/participant to be used by the City of Chandler.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

**In case of emergency, please contact:** (Please print)

**PARENT/GUARDIAN CONTACT**

Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**SECONDARY CONTACT**

Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**In case of emergency, please list child's address:** \_\_\_\_\_

The City of Chandler intends to comply with the Americans with Disabilities Act (ADA).  
To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance.

**List any physical disabilities/conditions or allergies to food or medications known:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. For medication needs, please talk to the camp coordinator.***

**Alternate Pick-ups:** (Please list the names and contact information for people permitted to pick-up your child.)

If someone other than myself will be picking my child up from class I will **notify staff in writing** and that person will be required to show photo ID before my child will be released.

	<u>Name</u>	<u>Relation to Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

# SUNSCREEN/SWIMMING PERMISSION SLIP

## SUNSCREEN PERMISSION SLIP

I, \_\_\_\_\_, the parent/legal guardian of

(child's name) \_\_\_\_\_

**give permission** for a Camp Challenge leader of the same sex as my child to apply sunscreen to my child in the presence of another Camp Challenge leader.

The purpose of sunscreen is for the safety of the participants and encouragement of proper protection from the sun before open swimming and/or any outdoor activity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WATER DAY PERMISSION SLIP

**YES!** I, \_\_\_\_\_, the parent/legal guardian of

(child's name) \_\_\_\_\_

**give permission** for my child to participate in water day activities scheduled for the Camp Challenge Program. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. **If my child has seizures, I will send a red shirt for him/her to wear.**

Participant's swimming ability is:

Cannot Swim     Beginner (floatation required)     Intermediate     Advanced

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

**NO!** My child, \_\_\_\_\_,

**will NOT participate** and I understand that participants will resume at camp at noon, on water days and my child may not arrive until after that time.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CAMP PARTICIPANT'S NAME: \_\_\_\_\_

## SCHOOL CONTACT FORM

**PARENTS:** To ensure the participant has an optimum camp experience, please fill out the following.

**I give my permission for City of Chandler Camp Challenge staff to** (check all that apply):

\_\_\_\_\_ Visit with my child's teacher by phone

\_\_\_\_\_ Observe my child at school

School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Camp Challenge does not provide enhanced ratio programs; participant must be able to function successfully in at least a 1:4 ratio during all structured and less structured activities.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DES/DDD Contact** (If Applicable)

Support Coordinator Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

CAMP PARTICIPANT'S NAME: \_\_\_\_\_

## POLICY ACKNOWLEDGEMENT

**PARENTS:** Please read the attached information regarding our Camp Challenge policies. When you have read them, please sign this acknowledgement sheet.

I, \_\_\_\_\_, the parent/legal guardian of the participant(s) listed above have read and understand the **Parent Guide, Drop-off/Pick-up policy, Behavior policy** and the **Refund policy**. I have also filled out the registration packet as **COMPLETELY** as possible and to the best of my knowledge.

All the staff members at Camp Challenge may rely on the information contained herein to make a decision as to whether or not this applicant may safely participate at Camp Challenge. The City of Chandler reserves the right, in its absolute discretion, to terminate this program, or anyone's participation in the program, at any time, for any reason, including but not limited to any participant's failure to comply with any staff or program coordinator's directives.

I give permission for emergency medical service to be administered to my child/participant listed above. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. I also give permission for any photo/video taken of my child/participant to be used by the City of Chandler.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_