

## SUMMER ENRICHMENT DAY CAMP

June 17-21, 2019 9am-2pm

Good Works Farm, Inc.

[www.goodworksfarm.org](http://www.goodworksfarm.org)

contactus@goodworksfarm.org



Our Summer Enrichment day camp is for children (5+)/adolescents/young adults who have an intellectual disability and their typical siblings. The purpose of our day camp is to give campers the opportunity to experience a taste of farm life! All activities for the camp will take place at 3427 Waynesville Rd, Bellbrook, OH. The cost for the one-week day camp is \$150/camper, \$450/family max.

Participants will be split into groups based on age and ability. Each group will have a group leader. Campers needing a 1:1 buddy will be assigned one. Those who don't may share a buddy. All volunteers are thoroughly background screened. You may provide your own buddy but they will need a recent background check to participate.

Planned activities include:

- Art Therapy
- Animal Therapy
- Gardening
- Fishing
- Woodworking
- Music Therapy
- Games/Crafts
- Family Night

Calming/quiet spaces will be provided for individuals and their buddies needing a break from the schedule; activities might include simple art, bunnies, music, movement (walking the property), or sitting on the dock.

**Applicants will be screened based on the following criteria:**

- **Must be toilet-trained and somewhat independent with toileting**
- **Must not be aggressive or exhibit dangerous behaviors**
- **Must not be a runner/bolter**

**Failure to disclose any of the above or other behaviors that prevent the successful and safe participation in the Summer Enrichment Program will result in the participant being dismissed from the program. Please be honest regarding your child's need for additional support so that we can have the appropriate number of volunteers on hand.**

Typically-developing siblings can also apply to attend camp. Siblings must be independent and well-behaved. Siblings must also bring their own supplies from the supply list.

**Applications must be received by Friday, May 31, 2019.** Applicants will be notified by email of the receipt of application. All program fees are due with application. If grant or county funds are being requested to cover the cost of camp, please note that on your application. No applications/fees will be accepted once camp has begun. No refunds after camp has begun unless extenuating circumstances exist and requests must be in writing.

Each camper with special needs will have or share a buddy (based on need), either provided by the family or the program. Buddies participate at no charge. Buddies provide their own lunch, water bottle, and snacks. If the family provides a buddy, the buddy must attend all hours assigned to them. Absence of the buddy might result in the participant being unable to attend. All buddies will need to be background screened. To protect both the participant and the buddy, no buddy team will be alone at any time during camp.

The number of participants will be limited to the number of buddies/volunteers available and the number that can be safely accommodated. Space is very limited.

Drop off will take place between 9:00 – 9:15 each morning.

Pick up will take place between 2:00 – 2:30 PM each afternoon.

Timely drop-offs and pick-ups are appreciated. Abuse of the schedule will result in participant jeopardizing future opportunities to participate in Good Works Farm programs.

Participants will need to bring each day (in a backpack-everything labeled with their name):

- A packed lunch (healthy choices encouraged-no nuts), a refrigerator is available to store lunches.
- One healthy snack
- Water Bottle
- Change of clothes/shoes
- Swimsuit/towel
- Appropriate outerwear for the weather
- Other supplies as needed, parents notified at least a day prior

Weather permitting, **Family Night** will be held Wednesday evening, 6-8 PM. In the event of foul weather, Family Night will be held Thursday evening, 6-8 PM. Family Night consists of a bonfire, highlight film from camp, snacks, refreshments, animals, games, and fishing. This is a time for families to get to know one-another and enjoy an evening out as a family. Participation is not mandatory but encouraged.

We do not have the ability, at this time, to handle medically/physically disabled children who may require specialized care such as tube feeds unless the parent remains at camp with camper. The property is not wheelchair friendly.

This camp includes visits from live animals with their handlers. Please be sure to note on the application if your camper has a known allergy to any animal, the severity, and actions you wish us to take in the event of a reaction.

**Volunteers are needed!** If you or someone you know is interested in volunteering, please complete a volunteer application and return it to [contactus@goodworksfarm.org](mailto:contactus@goodworksfarm.org).

**Sponsors needed!** In an effort to keep the price of camp as affordable for families as possible, we are looking for sponsors to subsidize the cost of camp. Please see the sponsorship form on the website. If you or someone you know would like to be a sponsor, please complete the online form.

If you have more than two special needs campers or typical campers, print as many copies of the application as you need.



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APPLICATION

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email (IMPORTANT) \_\_\_\_\_

Emergency phone # \_\_\_\_\_ Relation to participant \_\_\_\_\_

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Special Needs Participant #1

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Circle: M F

T-shirt Size: \_\_\_\_\_

Please describe the child's level of ability/challenges:

\_\_\_\_\_

- My special needs child requires this level of care: (circle) Can share a buddy 1:1 2:1
- I will provide my child's buddy

Buddy Name \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

What supports does the child use/would benefit from at camp?

- Picture/Word Schedules
- Checklists
- Other: \_\_\_\_\_

Does this camper have a known animal or environmental allergy? YES NO If yes, severity? \_\_\_\_\_

What are the usual symptoms of a reaction?

\_\_\_\_\_

What steps would you like us to take in the event of a reaction?

\_\_\_\_\_

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Special Needs Participant #2

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Circle: M F  
T-shirt Size: \_\_\_\_\_

Please describe the child's level of ability/challenges:

\_\_\_\_\_

- My special needs child requires this level of care: (circle) Can share a buddy 1:1 2:1
- I will provide my child's buddy

Buddy Name \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

What supports does the child use/would benefit from at camp?

- Picture/Word Schedules
- Checklists

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

Does this camper have a known animal or environmental allergy? YES NO If yes, severity? \_\_\_\_\_

What are the usual symptoms of a reaction?

\_\_\_\_\_

What steps would you like us to take in the event of a reaction?

\_\_\_\_\_

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Typical sibling: (\$150/each; \$450/family max)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Circle: M F  
T-shirt Size: \_\_\_\_\_

Does this camper have a known animal or environmental allergy? YES NO If yes, severity? \_\_\_\_\_

What are the usual symptoms of a reaction?

\_\_\_\_\_

What steps would you like us to take in the event of a reaction?

\_\_\_\_\_

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Typical sibling:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Circle: M F  
T-shirt Size: \_\_\_\_\_

Does this camper have a known animal or environmental allergy? YES NO If yes, severity? \_\_\_\_\_  
What are the usual symptoms of a reaction?  
\_\_\_\_\_

What steps would you like us to take in the event of a reaction?  
\_\_\_\_\_

Parents are welcome to stop in to administer medications at any time, however if that is not possible, Good Works Farm can administer necessary prescription medication, digestive enzymes or other supplements, or emergency rescue medications at the direction of the parents. We assume no liability from the administration of medications. All medications should be in their original containers, in a Ziploc bag properly labeled with the child's name, and given directly to the CAMP NURSE at check in.

Camper's Name	Medication Name	Dosage to administer	Time of Day

Camp will have a first-responder on site for the duration of camp. He/she is trained in first aid/CPR.

- YES, Good Works Farm, Inc. may use photos for general purposes, such as brochures, online webpage, newsletters or publicity. No personally identifiable information about the child will be shared.

I wish my child(ren) to attend (\$150/camper; \$450/family max):

Total number of campers with special needs \_\_\_\_\_ X \$ 150/week = \$ \_\_\_\_\_  
 Total number of typical campers \_\_\_\_\_ X \$ 150/week = \$ \_\_\_\_\_  
 Total number of adult buddies/parents \_\_\_\_\_ FREE  
 Total enclosed with this application \$ \_\_\_\_\_ (\$450/family max)  
 Make checks payable to: Good Works Farm

I understand that my child(ren) or the buddy that I have supplied may be discharged from camp for any reason, without notice, if the safety of my child, his/her buddy, or the safety of staff/other campers is at risk.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed application to: P.O. Box 52, Miamisburg, OH 45343.  
Applications & fees must be received by 5/31/19.**

**PLEASE COMPLETE THIS FORM FOR EACH CAMPER YOU ARE REGISTERING**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

EMERGENCY MEDICAL AUTHORIZATION

Current Medication(s)/dosages/time of day (continue on the back as needed)

\_\_\_\_\_  
\_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency, after reasonable attempts to contact me or additional persons listed are unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician or dentist named above, or in the event my preferred physician or dentist is not available, by another licensed physician or dentist, and the transfer of my camper to my preferred hospital or to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring on the necessity of such surgery are obtained before the surgery is performed.

For Emergency Medical care, I give Good Works Farm my permission to transport (participant's name) \_\_\_\_\_  
\_\_\_\_\_ to preferred hospital or to preferred dentist, or to the nearest source of assistance.

I authorize the participation of my child in all of the camp's activities and programs with no restrictions or with the following restrictions: \_\_\_\_\_  
\_\_\_\_\_

I agree that I, as a parent or guardian, shall be fully responsible for any and all medical expenses, including transportation.

I authorize and permit my camper to be photographed or videotaped while participating in camp activities for uses limited to promotion of the camp.

I certify that this application is accurate and complete to the best of my ability.

Hold Harmless Waiver:

I understand that the potential for accidents does exist. In consideration of acceptance to Good Works Farm Summer Enrichment Program, I indemnify and hold harmless Good Works Farm, Inc. and/or its staff or volunteers from any and all liability, claims, damage, injury or illness sustained by applicant, siblings, buddies, parent(s)/guardian(s). I understand accident insurance is not provided. Should a participant require special medical treatment, prescriptions, or hospital care during the session, parent(s)/guardians(s) shall bear the expenses.

Parent/Guardian

Date