

**SNEAK PREVIEW:** We recognize this is a long application form, so we wanted to let you preview the questions if that would be helpful."

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## RVRN-CedarS Youth Specialty Program Registration Questions

Welcome to our **\*\*FIRST\*\*** Youth Specialty Program at CedarS Camps, June 7-20, 2020. This specialty program provides a fun camp experience for children with special needs who may not otherwise be able to attend alongside their peers. Each camper will be accompanied by a parent or caregiver and stay in an air-conditioned bedroom with private bathroom. Camper activities are flexible according to needs, interests, and readiness levels. After bedtime, while a staff member watches their children, parents can gather for resource sharing and fellowship with each other and the additional 30-40 adults serving at camp.

Thank you for taking the time to complete this registration form. It will take approximately 20-30 minutes and needs to be completed in one session.

### Camper Information

We're so delighted your child will be joining us! Please complete this section on behalf of him/her. Following the "Camper Information" section, there is a "Household Information" section where you can add information about yourself (and any other individuals who will attend to support your child).

- Camper's name
- Address
- Camper's DOB
- Camper's grade next September
- What is the current living situation of the camper (i.e. lives in family home, residential facility, group home, etc...)

### Personal information

We would love to know your child better so we can make the camp experience as fulfilling as possible for him/her. Please feel free to share as much detail as you'd like so we can better meet your family's needs.

- Please share your child's likes, dislikes, interests, talents, hobbies etc. in the box below. (The more info the better!)

- What goals does your child have for this program? What would he/she like to give and/or gain from participating in this experience? Is there anything in particular they are looking forward to?
- Would you be willing to share how your child engages with Christian Science and what their favorite ways to do so are, i.e. work with a practitioner, listen/read the weekly Bible lesson, attend Sunday School, attend church services, etc.?
- Please tell us about the school or the program your child may be in and how he/she interacts with their community or other individuals with special needs.
- How does your child respond to large- and small-group situations?
- How does your child like to receive information about new activities? (i.e. the use of visual schedules, visual demonstration, list of rules, Picture Communication Symbol, etc.)
- When does your child like to receive information about new activities? (i.e. before they arrive, when they arrive, etc.)
- Are there activities or situations that frustrate, agitate, or excite your child? If so, please share what they are and different ways to handle them so we can best support your family.
- How can staff best support your child in situations or environments that may be new, stressful, or unpredictable? Are there any behaviors your child demonstrates that would help staff to recognize if an adjustment is needed?
- Is your child prone to sudden, dramatic, or violent behaviors? If so, what situations seem to precipitate such behaviors?
- What is the first thing that must be done to help calm your child?
- If applicable, please share any behavior plans implemented at home, school, or work.

## CedarS Camp Activity Offerings

CedarS offers a wide variety of indoor and outdoor activities that are grounded in metaphysics and led by a staff of active Christian Scientists. Below are questions about your child's preferred activity choices. We will work closely with your family to create a schedule that is flexible; and all activities will be adapted to meet the individual needs, interests, and readiness levels of your

child. For a full list of activity descriptions, "risks" related to the activities, and degree of difficulty or physical challenge required by the activity, see the CedarS website links below:

[www.cedarscamps.org/activities](http://www.cedarscamps.org/activities)

[www.cedarscamps.org/information/programs/main-camp-program/](http://www.cedarscamps.org/information/programs/main-camp-program/)

Water activities are available throughout the camp session. Please indicate how comfortable your child is in the water, so that we are prepared in our very first water activity with him/her.

- Inexperience or uncomfortable in water
- Comfortable around water
- Comfortable playing in water
- Comfortable swimming in water
- Proficient swimmer
- Lifeguard

Please indicate which activities your child is interested in. Check all that apply. We will do our best to schedule children in as many activities as the schedule allows.

- Aerial arts (TBD)
  - Archery
  - Arts and crafts
  - Big Surf Water Park (offsite, Thursday, June 11)
  - Cable water sports (i.e. water ski , knee board, wake board)
  - Campcrafts and nature (i.e. rope making, craw fish catching, hiking, bird watching, and fire building)
  - Canoeing and boating
  - Evening activities (i.e. cookout, capture-the-flag, Square and Rock Dance, Talent Show, Hymn Sing, Testimony Meetings, Luau, Campfire, and Field Night)
  - High ropes course
  - Horseback riding
  - Log rolling
  - Low ropes course
  - Nature and fishing
  - Sports
  - Swimming
  - Trampoline
  - Water activities (i.e. water slide, rope swing)
  - Zipline
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- Are there any activities from which your child should be exempt?
  
  - If you answered "yes" to the above question, please list the activities your child should be exempt from, and if you would like, a brief explanation.

## Everyday Living Skills

- How would you describe your child's level of communication? (Please check all that apply.)
  - Speaks clearly
  - Speaks with some articulation difficulty
  - Understands conversations
  - American Sign Language (ASL)
  - Deaf
  - Signed English
  - Nonverbal
  - Hard of hearing
  - Uses assistive technology for communication
  
- Does your child use mobility aids? (Please check all that apply.)
  - Cane
  - Manual wheelchair
  - Electric wheelchair
  - Crutches
  - Walker
  - Use of ramps
  - N/A

The following questions might not apply to your child, but if sharing this information would help us provide the best support for your loved one, please respond in detail. If not, feel free to skip to the next question.

- Indicate the level of care needed (Total care provided by caregiver; Physical guidance; Some assistance; Reminders; Additional time allowed; Independent) for each living skill area:
  - Showering
  - Brushing teeth
  - Shaving
  - Dressing
  - Undressing
  - Toileting
  - Meal assistance
  
- Is there any further information related to "Everyday Living Skills" that would help us support you or your child? (I.e. adaptive equipment, supplies, etc.)

- Is there any information related to housing you'd like us to consider (i.e. light sleeper needs to be in a quiet area, wakes up at night to eat/drink/toilet, may have outbursts, would like a fan, etc.)

Other information for your child:

- Indicate the frequency (Never; Sometimes; always) for each item below:
  - Wears glasses
  - Wears contact lenses
  - Sleepwalks
  - May wander
  - Wears absorbent underwear
  - Gets up at night

If you marked "always" or "sometimes" to the items above, please elaborate.

## Care and Emergency Contact Information

We welcome all students of Christian Science, without judgment, wherever they are in their journey toward absolute reliance on prayer-based healing. CedarS has always been a place of healing and growth at which prayer is the first and primary means of care for the campers and staff. The on-site Christian Science Care Facility is staffed full-time by a Christian Science practitioner and Christian Science nurse. Please see the links below for the scope of services for a Christian Science practitioner and Christian Science nurse.

### Christian Science Practitioner Scope of Service

<https://www.cedarscamps.org/information/enroll/apps/csp-scope-of-services.pdf>

### Christian Science Nurse Scope of Service

<https://www.cedarscamps.org/information/enroll/apps/csn-scope-of-services.pdf>

- Is there any "dietary restriction," "allergy," or meal preference (i.e. vegetarian, vegan, etc...) information which we should know about?
- Is there any health condition or need we should be aware of?
- Are there any activities that the participant should be exempt from for health reasons?

- If you answered "yes" to any of the questions above, please explain anything you would like us to know to better prepare and help care for your loved one.

Medications: The Christian Science care providers at CedarS Camps do not dispense medicine, and per ACA requirements, prescription and over-the-counter medicines must be kept under lock, except when under the control of a parent/caregiver managing this.

- My child will not bring any medications to camp.
- I will complete the Medication Authorization form on behalf of my child (to be sent in a follow-up email) so that you can be notified of all American Camp Association drug policies.
- I'd like to have a conversation about this with the Camp Director.

ACA requires camps to collect information regarding immunizations. Please indicate which statement below is true for your child.

- A. My child has completed all immunizations required by the state and/or school.
- B. My child is not immunized due to a religious or personal exemption.

If you answered "A" above, please note the date of the last Tetanus shot. (ACA requirement)

Permission to Treat:

A. I authorize and request The CedarS Camps in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, admitting my child into the camp's Christian Science care facility, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admitting my child into a clinic or hospital. I understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission for the participant to receive such emergency care.

B. I refuse to authorize any form of medical treatment beyond what is required by state law, and I release CedarS Camps from all liability if I cannot be reached in an emergency.

- If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on behalf of the participant. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)

In the event that your child needs the support of a Christian Science practitioner, would you like to use your own practitioner, or the camp-provided on-site practitioner?

- We will use our own practitioner.
- We will utilize the camp-provided, on-site practitioner.
- Other

- If you'd like to share your child's practitioner's information, please do so below.
  - Name
  - Practitioner's phone number
- Primary contact in the unexpected case of an emergency:
- Primary emergency contact relationship to your child
- Primary emergency contact phone number
- Secondary contact person if primary contact cannot be reached in the unexpected case of emergency:
- Secondary emergency contact relationship to your child
- Secondary emergency contact phone number
- Is there any other information you would like us to know about your child in order to prepare for a harmonious experience?
- In the case of minors: I grant permission for my child to participate in all activities at The CedarS Camps, except as noted above. Parent or Guardian Name:
- Parent/guardian e-signature

## Household Information

Please provide parent/caregiver information below.

- Parent/caregiver name
- Address
- Email
- Phone number
- Are there any other individuals that will be attending to support your child? Please list their name(s) and relationship to your child, i.e. "Jane Smith, sister."
- Would you be willing to share how your family engages with Christian Science and what your favorite ways to do so are, i.e. work with a practitioner, listen/read the weekly Bible lesson, attend Sunday School, attend church services, etc.?
- Is there any "dietary restriction," "allergy," or meal preference (i.e. vegetarian, vegan, etc...) information for anyone attending in your family, which we should know about?
- Is there any health condition or need of anyone attending in your family we should be aware of?
- Are there any activities that anyone attending in your family should be exempt from for health reasons?

- If you answered "yes" to any of the questions above, please explain anything we need to know to help better prepare and help care for anyone in your family.
- Permission to treat (for anyone attending in your household):
  - A. I authorize and request The CedarS Camps in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, admitting my child into the camp's Christian Science care facility, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admitting my child into a clinic or hospital. I understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission for the participant to receive such emergency care.
  - B. I refuse to authorize any form of medical treatment beyond what is required by state law, and I release CedarS Camps from all liability if I cannot be reached in an emergency.
- If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on behalf of anyone in your household. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)
- In the event that you need the support of a Christian Science practitioner, would you like to use your own practitioner, or the camp-provided on-site practitioner?
  - We will use our own practitioner.
  - We will utilize the camp-provided, on-site practitioner.
  - Other
- If you'd like to share your practitioner's information, please do so below.
  - Name
  - Practitioner phone number
- Emergency contact if different from your child's
- Emergency contact phone number if different from your child's
- Is there any other information that we should know in order to make this experience enjoyable for you and your family?
- How did you hear about us?
  - RVRN website
  - CedarS website

- Attended an RVRN event or gathering
- From a friend or family member
- From my/a church
- Social media
- Other

## Payment Information

**TUITION:** This program is offered Session 1 (both weeks), 1.1 (session 1, first week only), or 1.2 (session 1, second week only). Tuition for this program is \$1,700/week for the participant and one parent/caregiver, which includes all meals, activities and transportation to/from the airport if needed. The tuition cost for an additional individual is \$400/week, which covers room and board.

- We will participate in:
  - Session 1 (both weeks June 7-20): \$3400
  - Session 1.1 (week 1 only, June 7-13): \$1700
  - Session 1.2 (week 2 only, June 14-20): \$1700
  - Additional individual: \$400/week

**AIRPORT SHUTTLE SERVICE:** CedarS Express offers shuttle bus service to/from the St. Louis Lambert International Airport (STL), which is a three-hour drive to camp. The cost is \$88/person (round trip). This fee is in addition to the cost of tuition.

- We will purchase CedarS Express Airport Shuttle Service:
  - Yes (\$88/person, round-trip)
  - No

## Store account

The store account allows campers to purchase items from store. Items like t-shirts, and snacks can all be deducted from this account.

The minimum required store account amount is \$25/week. Please indicate the amount you wish to deposit in the store account. The store also covers laundry costs.

In regard to store purchases exceeding the amount you indicated above, please choose one of the following options.

- Store purchases may exceed available credit.
- Store purchases may NOT exceed available credit.

## Sleeping Bag Rental

CedarS will provide linens and towels for the RVRN rooms. Campers and parents/caregivers will need to bring a sleeping bag to camp if they would like to sleep under the stars during week 2 with the trips. NOTE: CedarS rents sleeping bags for campers arriving by plane, international campers, and others for whom hauling such bulky items is impractical.

- Sleeping bag rental:
  - I would like to rent a sleeping bag. Store account will be charged \$7/sleeping bag.
  - We will bring our own sleeping bags in the event we would like to sleep under the stars during week 2 with the trips.

Registration is due by Friday, May 8 and all payments must be received by June 1. Please make checks payable to: Rainbow Valley Resource Network PO Box 427 Buena Vista, CO 81211

## Final Payment Information

At this time:

- I will mail a check for the full amount.
- I will mail a check for the partial amount and I will apply for financial assistance for the remainder of the balance.
- I will mail a check for the partial amount and I will pay the remainder of the balance by June 1.
- I will apply for financial assistance for the full cost of tuition and travel.

Finances should not prohibit your family's participation in this opportunity. As with all of our programs, financial assistance is available by completing the RVRN Financial Assistance Application which can be found on the website by clicking [here](#).

**Registration is due by Friday, May 8**

**Payments must be received by June 1.**

Please make checks payable to:

Rainbow Valley Resource Network

PO Box 427 Buena Vista, CO 81211

Thank You!

More information will be forthcoming and is available on our website at

<https://rvrnetwork.org/our-events/cedars-youth-specialty-program/>

We can't wait to see you at camp!