**Due by Monday, March 8th. Registrations received after the deadline will be put on a waitlist.**

**Parent/Provider Name:** Click here to enter text.  **Participant Name:** \_\_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Participant Age:** \_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Funding Source (please check):** CES ASD CCAP SLS Private Pay (Boulder/Broomfield County Resident without Medicaid Funding)

# **Summer Camp Schedule approved by:** Case Manager Name \_Click here to enter text.\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 

**Can your camper sit in the front seat?**  Yes  No

**Does you camper require accessible transportation?**  Yes  No

**Select a basesite location:**   Boulder  Lafayette  Longmont

**Select a T-Shirt Size:**  Youth Small  Youth Medium  Youth Large

Adult Small  Adult Medium  Adult Large  Adult X-Large

**Does participant take medication during Summer Camp hours?**  Yes  No

***If yes, the Medication Administration Permission Form must be filled out completely and signed by a doctor.***

**Does your camper require g-tube or trachea intervention?**  Yes  No

***If yes, please provide a protocol or contact Quincy Malecki so one can be created in collaboration with Vicki Thaler, RN.***

**Does your camper require insulin shots?** Yes  No

***If yes, please provide a protocol or contact Quincy Malecki so one can be created in collaboration with Vicki Thaler, RN.***

**DIRECTIONS: Please fill in Full, AM or PM** on the registration below, **signifying all the days and times** your camper would like to participate in Summer Camp. We will do our best to accommodate your preferences and understand that your preferences may change as camp gets closer.

**Full Day Option Includes: Morning Drop-off:** 8:00-8:55am. ***Please bring snacks and a lunch.* Afternoon Pick-up:** 4:00-4:55pm.

**AM Option Includes: Morning Drop-off:** 8:00-8:55am. **Afternoon Pick-up:** 12:00-12:15pm. ***Please eat lunch after camp.***

**PM Option Includes: *Please eat lunch prior to camp.* Afternoon Drop-off:** 1:00-1:15pm. **Afternoon Pick-up:** 4:00-4:55pm.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WEEKS ATTENDING** | | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **Enrollment options by day** | | Full or AM or PM | Full | Full or AM or PM | Full or AM or PM | Full |
| **Week 1:** | June 7-11 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 2:** | June 14-18 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 3:** | June 21-25 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 4:** | June 28-2 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | **NO SERVICES** |
| **Week 5:** | July 5-9 | **NO SERVICES** | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 6:** | July 12-16 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 7:** | July 19-23 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 8:** | July 26-30 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 9:** | August 2-6 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Week 10:** | August 9-13 | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |