**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 Cassie Sowers so one can be created in collaboration with Kevin Ross, RN.***

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

 ***If yes, please provide a protocol or contact Cassie Sowers so one can be created in collaboration with Kevin Ross, RN.***

**DIRECTIONS: Please select if you would like your child to register for In-home in the morning, In- home in the afternoon, Small group OR virtual services.** 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.

**Small Group Option Includes: Morning Drop-off:** 9:00-9:30am. ***Please bring snacks and a lunch.* Afternoon Pick-up:** 2:30-3:00pm.

**In Home AM Option Includes: Services Start:** 9:00am.  **Services End:** 12:00pm.

**In Home PM Option Includes: Services Start:** 1:00pm. **Services End:** 4:00pm.

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| --- | --- | --- | --- | --- | --- |
| **WEEKS ATTENDING** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **Enrollment options by day** | Small Group, In Home AM, In Home PM, Virtual | Small Group, In Home AM, In Home PM, Virtual | Small Group, In Home AM, In Home PM, Virtual | Small Group, In Home AM, In Home PM, Virtual | Small Group, In Home AM, In Home PM, Virtual |
| **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. |