Thank you for your interest in applying for the 2017 Focus Summer Camp! We are excited for another wonderful year!

All the information in your application packet must be fully completed and submitted no later than March 30th. Please read each page carefully. If not already receiving services through Focus, along with the camp application, you will need to submit a copy of your child’s Waiver Plan of Care, or DD eligibility letter and Grant Plan of Care.

Please submit completed application and supporting documents either by mail, fax or email. Incomplete applications will not be processed. Please do not include any payment at this time.

In order to keep the focus on the varying needs of our campers, we do have a limited capacity. Submitting your application before the deadline does not guarantee acceptance or availability. In order to serve as many campers as possible, once capacity is reached there will be a waiting list and we may be able to offer certain weeks that aren’t full. Full day and full week commitments are required.

Focus Outreach
11901 Business Blvd- Suite 209
Eagle River, AK 99577
Fax: 907-694-6022

Shelby Carradine CTRS- Recreational Programs Director
scarradine@focusoutreach.org
FOCUS SUMMER PROGRAM 2017
PLEASE COMPLETE THE ENTIRE FORM. Thank You!

June 5th – July 27th, 2017
Monday – Thursday
9:30AM - 4:00PM

*No camp on July 4th
Camp is located at Eagle River Lion’s Club
Minimum age to attend camp is 6 y/o

To be completed by parent/guardian only - Please Print Legibly
APPLICATION DEADLINE: MARCH 30, 2017

Participant: ___________________________ Birth Date: _______ Age: ____ Gender: M / F

Home Address: __________________________________ City: _________ Zip: _________

Mailing Address: __________________________________ City: _________ Zip: _________

Parent/Guardians: __________________________ Daytime Phone Number: __________________

Email Address: __________________________________________________________

Emergency Contact #1: ________________ Relation to camper: _________________________

Daytime Phone Numbers: ______________________________________________________

Emergency Contact #2: ________________ Relation to camper: _________________________

Daytime Phone Numbers: ______________________________________________________

**Required**
If your child is receiving waiver funding:
Name of Care Coordinator: ___________________________ Phone Number: ________________

If your child is receiving grant funding:
What organization do you receive services from: ________________________________

Name of Person(s) transporting participant to and from the program:
________________________________________________________
________________________________________________________

Do you require assistance transporting your participant to and from camp? □ Yes / □ No
**If residing outside of our service area, a central meet up location can be arranged.
FOCUS SUMMER PROGRAM 2017
PLEASE COMPLETE THE ENTIRE FORM. Thank You!

Participant Name: _____________________________________________

Parent/Guardian Printed Name: _________________________________

FIELD TRIP and TRANSPORTATION PERMISSION FORM

I understand that FOCUS Summer Program participants will be engaged in a number of off site field trips. I give permission for this participant to go on field trips and activities. I understand that transportation to and from program activities will be provided by FOCUS employees. I give permission for FOCUS employees to transport this participant, demonstrating reasonable care and safety, to and from program activities in the Eagle River, Mat-Su Valley and Anchorage areas.

Parent/Guardian Signature ___________________________
Date ___________________

VIDEO, SLIDE, PHOTO CONSENT

☐ Yes, I give FOCUS permission to photograph or video this participant and to use these pictures and/or video to promote our agency throughout the community. For example, photos may be used for applying and reporting use of grant funds, training and educating staff, or for informational purposes such as articles, news clips, and internet postings to included Focus website, Focus Facebook page, and blogs.

☐ No, I do not give permission for FOCUS to photograph or video this participant.

Parent/Guardian Signature ___________________________
Date ___________________

AUTHORIZATION for EMERGENCY MEDICAL TREATMENT

In case of a minor injury or illness, I give my permission for FOCUS employees to administer First Aid. I understand that personnel will alert me whenever minor First Aid care is given. In the event of a major injury or illness, I authorize FOCUS to call for emergency medical treatment or provide transportation to emergency services as needed. Parents or guardians will be then contacted immediately. I further agree to bear all cost of emergency services provided in cases of injury or illness.

Parent/Guardian Signature ___________________________
Date ___________________

PERMISSION TO ADMINISTER MEDICATION

☐ Yes, I give permission to FOCUS employees to administer medications to this participant.

Parent/Guardian Signature: ___________________________
Date ___________________
FOCUS SUMMER PROGRAM 2017
PLEASE COMPLETE THE ENTIRE FORM. Thank You!

Participant Name: _____________________________________________

PERMISSION TO APPLY SUNSCREEN AND MOSQUITO REPELLANT

As a precaution for sunburn we recommend sunscreen during outdoor summer activities.
☐ Do not apply sunscreen to this participant.
☐ I give permission for FOCUS employees to apply sunscreen to this participant as needed throughout program hours.
☐ Specific instructions regarding the use of sunscreen:

______________________________________________________________

As needed, insect repellent will be available.
☐ Do not apply insect repellent to this participant.
☐ I give permission for FOCUS employees to apply insect repellent to this participant as needed throughout program hours.
☐ Specific instructions regarding use of insect repellent:

______________________________________________________________

Parent/Guardian Signature: ___________________________ Date

INSURANCE / RELEASE of LIABILITY

I understand that this participant will be included in various activities with FOCUS Summer Program. I agree that I will not hold FOCUS liable for injuries that occur as a result of participation in program activities. I assume all foregoing risks and accept personal responsibility for injuries, the damages following injury, permanent disability or death. I release, waive, discharge and covenant not to sue FOCUS, its affiliated employees, representative administrators, directors or other program participants.

I release and agree to hold harmless FOCUS, from any and all liabilities to this participant’s involvement or participation in the FOCUS Summer Program, even if arising from their negligence.

Parent/Guardian Signature: ___________________________ Date
FOCUS SUMMER PROGRAM 2017
PLEASE COMPLETE THE ENTIRE FORM. Thank You!

Participant Name: ________________________________________________________________

1. Allergies: ________________________________________________________________

2. Current Medications, reason for medication and dosage instructions (please bring in original containers):
____________________________________________________________________________
____________________________________________________________________________

3. Is the participant known to have seizures?  ☐ Yes / ☐ No

   Seizure medication: __________________________________________________________
   Describe seizures and actions to be taken: _______________________________________

4. Please specify type and degree of assistance that may be required in each of the following areas:
   Eating: ________________________________________________________________
   Dressing: ______________________________________________________________
   Grooming: ______________________________________________________________
   Toileting: ______________________________________________________________
   Assistive devices: ________________________________________________________

5. Please describe known stressors and warning signs of emotional or physical outbursts.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. Describe techniques you have found to help de-escalate/intervene with inappropriate behaviors or when upset.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

7. Please describe any and all known fears that a participant experiences.
____________________________________________________________________________
____________________________________________________________________________

8. Please give us any other additional information you believe could aid us in providing a safe and fun summer camp experience for this participant.
____________________________________________________________________________
____________________________________________________________________________

Please Note: If your child exhibits a behavior that is unsafe to themselves, others or property, you will be asked to pick up your child from the program. If unsafe behaviors continue, a meeting will be set with care coordinator and Focus administrative staff. This is to ensure the safety of all campers and is on a case by case basis.
FOCUS SUMMER PROGRAM 2017
PLEASE COMPLETE THE ENTIRE FORM. Thank You!

SUMMER PROGRAM DATES
June 5th – July 27th, 2017
Monday – Thursday; 9:30am – 4:00pm

PLEASE “X” OUT THE DATES IN WHICH YOU WOULD LIKE TO REQUEST YOUR CAMPER TO ATTEND, FULL DAY AND FULL WEEK COMMITMENTS ARE REQUIRED

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*No camp on July 4th

Activity Fees: Each participant will be responsible for a $65.00 per week, non-refundable, activity fee to be paid by the family, regardless of other funding. The purpose of this fee is to cover the cost of activities, supplies, transportation for field trips, lunch and snacks. You will receive a letter once admission and attendance are confirmed stating what your total fee will be. Fees are due by May 15th, 2017.

**If payment is not received by this date, you will lose your placement and be added to a waiting list.**

Program Fee: Program fee is covered through grant and waiver benefits.

Limited scholarships are available to families as a last resort of payment. For more information, contact Shelby Carradine CTRS· Recreational Programs Director at: scarradine@focusoutreach.org

*For special dietary situations see next page.
Dietary Restrictions

We understand that many participants have specific dietary needs and restrictions. Since the cost of lunch and snacks is included in the activity fee, there will be a reduction in your fee if your camper is bringing specialty food from home.

Due to special dietary needs, my camper will be bringing their food from home:  ☐ Yes  /  ☐ No