



2024 Ray's Days! Summer Camp Application

We welcome all people served by the Athens County Board of Developmental Disabilities to apply for participation in the 2024 Ray's Days! Summer Camp. The Summer Camp welcomes children ages 6 (coming out of first grade) to young adults up to age 21 and will run June 17-July 12.

Child's Name: _____			
	First	Middle	Last
Sex: _____	Date of Birth: ____/____/____		
School: _____		Grade: _____	
T-Shirt Size: YS YM YL AS AM AL AXL AXXL AXXXL			

1st Parent/Guardian	
First Name:	Last Name:
Address:	
City, State, Zip:	Cell Phone:
Place of Work:	Work Phone:
Email:	

2nd Parent/Guardian		<input type="checkbox"/> Check if address is same as 1st parent/guardian
First Name:	Last Name:	
Address:		
City, State, Zip:	Cell Phone:	
Place of Work:	Work Phone:	
Email:		

Please list the first and last names of any siblings that are also applying to Ray's Days! Summer Camp.
Please complete a separate application for each child.

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

General Information

Is this child in foster care? Yes No

If YES, are you the legal guardian? Yes No

I give my permission for the Athens County Board of Developmental Disabilities to use my child's name and/or pictures in magazines, newspapers, social media, and other communications.

Yes No

Racial or Ethnic Identity of your child: (Please check all that apply)

- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- Native American/American Indian/Alaskan Native
- White/Caucasian
- Other

Please mark any of the following items that apply to your child:

- Learning disability
- Visual Impairment
- Hearing Impairment
- Developmentally Delayed
- Physical Impairment
- Severe Behavior Disorder
- Limited English Proficient
- Attention Deficit Disorder (ADD/ADHD)
- Other: _____

Please explain in detail any checked item:

Does your child require a swim diaper? Yes No

If YES, what size? (Please include if it is YOUTH or ADULT): _____

Please mark if your child wears any of the following:

- Hearing Aid Glasses Contacts Adaptive Equipment

The Summer Camp will have many group activities. Does your child require additional staff support to attend camp? Yes No

If YES, why?

- Safety
 Communication
 Restroom
 Incontinent
 Feeding
 Other: _____

Please provide any additional information about your child that will help us to care for him or her.

Meals

Ray's Days! Summer Camp provides a breakfast and lunch each day to Camp participants. We do our best to accommodate special dietary needs. Please complete the following so we can best serve your child.

Does your child require pureed food? Yes No

Are you willing to supply your own food if we cannot meet the dietary needs of your child?

Yes No

Does your child have any food allergies or special dietary accommodations?

Yes No If YES, please list below:

Field Trips

Ray's Days! Summer Camp will include two field trips scheduled for each week of the summer. The first Field Trip will be on Tuesdays and will include all campers and counselors as well as additional staff. The second will be on Thursdays (possibly Wednesday the week of July 4th) and will be for the Teen and Young Adult campers and their counselors. The specifics of each Field Trip will be explained at a later time. If your child is at Camp on the day of the Field Trip, they will be participating in the Field Trip.

Your child is welcome to participate in any Field Trip but are not required to participate in any given Field Trip. If you do not want your child to participate in the Field Trip scheduled for a particular day, you will need to keep your child home for the day.

Yes No My child has permission to attend field trips and be transported for these.

Transportation

_____ My child will NOT need transportation provided by ACBDD. I will transport my child to and from the Summer Camp.

_____ I request transportation for my child to be provided by ACBDD.

Morning transportation. Address: _____

Afternoon transportation. Address: _____

Are there any special accommodations needed for your child? Ex. Wheelchair accessible, harness, etc.:

It is our desire to accept all those who apply, though we acknowledge our limitations in being able to accept all applicants. Completion of this application does not guarantee a spot in Ray's Days! Summer Camp. The information you provide will enable us to assess whether we can safely include your child in the Camp and its activities. We will inform you as soon as possible or by the week of May 20th.

As parent/guardian of this child, I acknowledge that the above information is correct and my child has my permission to take part in the Ray's Days! Summer Camp. By taking part in this Summer Camp, I agree to allow the staff to discuss my child's progress with his/her school to better meet my child's needs. I also give permission for the release of my child's permanent file by his/her school for Summer Camp planning and delivery. I agree to allow my child to be evaluated to determine the program's effectiveness. I understand that this program will never use an individual child's name on any document to be published without my expressed written consent as required by law. I release and agree to hold Ray's Days! Summer Camp, Athens County Board of Developmental Disabilities, its officials, and its employees harmless from all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature

Date

Completed applications can be emailed to Camp Director Paul Richard at prichard@athenscbdd.org or mailed to the ACBDD / Beacon School at 801 W. Union Street, Athens, Ohio 45701.

Please apply by May 3, 2024.