



December 1, 2024

Dear Cradle Beach Families and Agency Representatives,

*****New for 2025- One application can be completed for both our respite and summer camp programming*****

*****ONLINE REGISTRATION IS AVAILABLE!*****

Go to: <https://cradlebeach.campmanagment.com/enroll>. If you have attend previous years an account is already available. Please follow the instructions to login to your family's account with the email previously provided and apply for the 2025 Camp Season.

If your child is eligible through OPWDD no fees will be assessed for any programming.

Camp Fees will be evaluated and set at the time of enrollment. The Financial Aid Application must be received with the completed Summer Camp Application if requesting assistance with the camp fee. Completion of the Financial Aid Application does not guarantee a campership or tuition assistance.

All Camp Fees MUST be paid 4 weeks prior to camper's arrival date. Cancellation will only be refunded with a written communication at least a week prior to the camper's arrival date.

If an outstanding balance is due from previous years, application for 2025 will not be accepted.

Please Note:

Participant's acceptance and placements are on a first come, first serve basis for completed application and all necessary documents. Cradle Beach will return incomplete portions of the applications to be filled out and completed.

Criteria for Respite Program:

- Participants must be 8 years of age or older and have a documented developmental disability.
- Participants must live at home with family or legal guardian. Individuals living in group homes or other residential facility do not qualify for this program.
- Participants must live in one of the seven counties of Western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans)
- Participants must have a physical examination, current medication orders, and prescription for and physician approved over the counter medication form (OTC Form) within a year of their respite weekend.

OPWDD Documents:

Please work with your care coordinator regarding all necessary documentation for programming. If there are any questions regarding requirements the care coordinator can reach out to Kat Gorecki at (716) 549-6307 ext. 218 or kgorecki@CradleBeach.org.

Criteria for Summer Camp Program:

- Participant must be between the ages of 8-17 on the FIRST DAY of the requested session in order to attend.
- Participants must have a physical examination, current medication orders, and prescription for and physician approved over the counter medication form (OTC Form) within a year of the dates they attend summer camp.

A completed respite only application MUST include:

- Application booklet – all pages completed**
- Copy of Health Insurance Card**
- Summer Food Services Form (PINK)**
 - Please complete if individual is under 21 years of age.
- Life Plan**
- Physical and Over-the-Counter Medication Forms (Yellow)** – Physical exam must be within 12 months of participant’s last day of selected session.

A completed summer application MUST include:

- Application booklet – all pages completed**
- \$15 processing fee** – Check, Money Order, or Credit Card (Please, no cash payments). Applications will be processed once a processing fee is received. (No processing fee is required for those receiving services through OPWDD)
- Proof of Income** – copies of household income include: recent paystub(s), W-2 form, Federal Tax return, SSI or Disability, county-issued payments, adoption subsidy, or unemployment benefits. (Not required for those receiving services through OPWDD)
- Copy of Health Insurance Card**
- Summer Food Services Form (PINK)**
 - Must be completed by all families regardless of eligibility.
- Erie County Department of Social Services (ECDSS) form(s)** – return only if applicable
 - If you receive services through ECDSS (have an “S” or “P” at the beginning of your case number), complete the ECDSS form. This may entitle your participant to attend camp at a reduced cost to you.
- Teacher/Counselor Reference Form (Green)** – NEW PARTICIPANTS or any participant who was sent home.
- Physical and Over-the-Counter Medication Forms (Yellow)** – Physical exam must be within 12 months of participants last day of selected session.

**Respite Themes
(Subject to Change)**

- Respite 1- January 24th – 26th, 2025 – Winter Olympics
- Respite 2- February 7th – 9th, 2025 – Valentines
- Respite 3- March 7th – 9th, 2025 – Disney
- Respite 4- March 21st – 23rd, 2025 – St. Patrick’s Day
- Respite 5- April 4th – 6th, 2025 – Spring
- Respite 6- April 25th – 27th, 2025 – Earth Day
- Respite 7- May 16th – 18th, 2025 – Prom
- Respite 8- May 30th – June 1st, 2025 – Camp/Adventure
- Respite 9- September 26th – 28th, 2025 – Fall
- Respite 10- October 17th – 19th, 2025 – Harvest Fest
- Respite 11- October 24th – 26th, 2025 – Halloween
- Respite 12- November 7th – 9th, 2025 – Scavenger Hunt
- Respite 13- November 21st – 23rd, 2025 – Thanksgiving
- Respite 14- December 5th – 7th, 2025 – Holidays

Summer Respite

*****Summer respite is for individuals age 18 and up.*****

- Respite 1- August 24th – 26th, 2025
- Respite 2- August 26th – 28th, 2025
- Respite 3- August 28th – 30th, 2025

**Summer Camp Themes
(Subject to Change)**

- Session 1 – June 30th – July 4th, 2025 – Survivor
- Session 2 – July 7th – July 11th, 2025 – Color Wars
- Session 3 – July 14th – July 18th, 2025 – Monsters vs. Aliens
- Session 4 – July 21st – July 25th, 2025 – Shark Week
- Session 5 – July 27th – July 21st, 2025 – Christmas in July
- **Please note session 5 starts on Sunday and ends on Thursday****
- Session 6 – August 4th – August 8th, 2025 – Decades/Eras
- Session 7 – August 11th – August 15th, 2025 – Color Wars
- Session 8 – August 18th – August 22nd, 2025 – Football Camp

**Camp Encore
August 25th – 29th, 2025**

Cradle Beach is proud to announce with the partnership and generous funding by The Children’s Guild Foundation we are able to offer Camp Encore. Camp Encore will run from August 25th – August 29th. The goal of this program is to meet the needs of our older campers with disabilities. Campers must be between the ages of 18-21 year olds. We know many campers look forward to summer camp all year long and grieve the loss of summer camp when they turn 18. This program is designed to help bridge the gap for campers who may not be enrolled for respite through OPWDD or have limited availability of funding through OPWDD. Cradle Beach has heard from families that there is a need for the services and we have partnered with The Children’s Guild Foundation to be able provide this service to families. Campers will have access to all the amenities of camp including the pool, campfires, theatre, and so much more- just like a regular camp session, with age-appropriate programming and activities. Campers will be able to connect with peers in a safe and nurturing environment while having fun.

Fees:

Camp fees are on a sliding scale based on gross household income. Please note that any additional child(ren) fees are discounted 50%.

There are financial aid and payment plans available. Financial aid is awarded based on need and availability. A financial aid application must be completed to be eligible. Financial aid applications are reviewed once the following is completed: summer camp application, processing fee has been received, and scholarship application is completed in full. Financial Aid Application or previous Financial Assistance do not guarantee future Financial Aid Assistance.

FEE SCALE PER SESSION		
	Camper	Pioneer Camper (PC)
Tier 1 - \$0 - \$30,000	\$80	\$80
Tier 2 - \$30,001 - \$65,000	\$280	\$160
Tier 3 - \$65,001 - \$100,000	\$405	\$240
Tier 4 - \$100,001 - \$150,000	\$630	\$320
Tier 5 - \$150,001- and up	\$880	\$400

All Camp Fees MUST be paid 4 weeks prior to camper’s arrival date. Cancellation will only be refunded with a written communication at least a week prior to the camper’s arrival date.

What is a Pioneer Camper (PC)?

Our Pioneer Camper (PC) program is made up of selected young adults (ages 13-17) with leadership qualities. PCs participate in socially appropriate programming that occurs alongside the summer camp population. They also earn service hours doing various camp related service projects and fulfilling camp needs; such as serving meals to campers, being “buddies” to younger campers, and participating in camp programming. A letter will be provided after the session confirming the number of service hours earned as well as the activities completed.

2025 APPLICATION

Mail Application to:
Cradle Beach
Attn: Admissions
8038 Old Lakeshore Road
Angola, NY 14006

Applicant Information: (Please print information clearly)

Last Name: _____ First Name: _____ Middle Initial: _____
 Preferred Name: _____ Date of Birth: ____/____/____ Age: _____
 Pronouns: _____ Gender: ___ Male ___ Female ___ Prefer not to answer
 Race (Optional): ___ African American ___ American Indian ___ Caucasian/White
 ___ Middle Eastern ___ Native Hawaiian/Pacific Islander ___ Asian
 Ethnicity (Optional): ___ Hispanic ___ Non-Hispanic Is the applicant: ___ New ___ Returning
 Address: _____ City: _____ State: ___ Zip Code: _____
 County: _____ Telephone: (____) _____ - _____

Parent/Guardian Information:

Parent 1:

Name: _____
 Relationship: _____
 Email: _____
 Work Phone: _____
 Cell Phone: _____
 Parent Employer: _____

Parent 2:

Name: _____
 Relationship: _____
 Email: _____
 Work Phone: _____
 Cell Phone: _____
 Parent Employer: _____

Respite Date Preferences: Please place a #1, #2, #3 in front of dates for your first respite weekend preference and #1, #2, #3 behind dates for your second respite weekend preference. A second weekend is not guaranteed and will be determined based on availability. **Please note the summer dates are only for individuals over the age of 18.**

1 st	Date	2 nd
	January 24 th – 26 th , 2025	
	February 7 th – 9 th , 2025	
	March 7 th – 9 th , 2025	
	March 21 st – 23 rd , 2025	
	April 4 th – April 6 th , 2025	
	April 25 th – 27 th , 2025	
	May 16 th – 18 th , 2025	
	May 30 th – June 1 st , 2025	
	September 26 th – 28 th , 2025	
	October 17 th – 19 th , 2025	
	October 24 th – 26 th , 2025	
	November 7 th – 9 th , 2025	
	November 21 st – 23 rd , 2025	
	December 5 th – 7 th , 2025	

1 st	Summer Date (Must be over 18 years old)	2 nd
	August 24 th – 26 th , 2025	
	August 26 th – 28 th , 2025	
	August 28 th – 30 th , 2025	

Summer Camp Session Preferences: Please place a #1, #2, #3 in front of your preferred camp session date for your camper's first choice and #1, #2, #3 behind date for your second session preference. **PC's may attend two sessions back to back.**

1 st	Date	2 nd
	Session 1- Monday, June 30 th – Friday, July 4 th , 2025	
	Session 2- Monday, July 7 th – Friday, July 11 th , 2025	
	Session 3- Monday, July 14 th – Friday, July 18 th , 2025	
	Session 4- Monday, July 21 st – Friday, July 25 th , 2025	
	Session 5- Sunday, July 27 th – Friday, July 31 st , 2025	
	Session 6- Monday, August 4 th – Friday, August 8 th , 2025	
	Session 7- Monday, August 11 th – Friday, August 15 th , 2025	
	Session 8- Monday, August 18 th – Friday, August 22 nd , 2025	

Camp Encore generously sponsored by The Children's Guild. (For participants 18-21 years old with a documented disability)

Monday, August 25 th – Friday, August 29 th , 2025
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Transportation: (Transportation is not available for weekend respite)

Arrival	Departure
<input type="checkbox"/> I will drive my child to camp in Angola, NY. <input type="checkbox"/> My child will take the bus in Buffalo, NY to camp. Will require: <input type="checkbox"/> Wheelchair accessible bus <input type="checkbox"/> One-on-one aide	<input type="checkbox"/> I will pick up my child from camp in Angola, NY. <input type="checkbox"/> My child will take the bus to in Buffalo, NY from camp Will require: <input type="checkbox"/> Wheelchair accessible bus <input type="checkbox"/> One-on-one aide

Education/Program:

Classroom Type: _____ UG: _____

School/Program Name: _____

Does your participant receive counseling services? _____ Yes, at school _____ Yes, at agency
 _____ Yes, at school and agency _____ No

Name of counseling agency: _____

Household Information:

Total number of people living in the household including participant: _____

Are there any custody issues? _____

Who as custody or legal guardianship of the participant: _____

Please list ALL members living in the household, age, and their relationship to the Participant.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Interests:

What does the participant like to do?

What strategies are used to manage your participant’s challenging behaviors?

What promotes good behavior while at Cradle Beach?

What does the participant dislike to do?

What things upset the participant?

How do they express anger or frustration?

Does the participant have a Life Plan? (If yes, please provide a copy) Yes No

Does the participant have a BIP – Behavior Intervention Plan? (If yes, please provide a copy) Yes No

Does the participant have a Safety Plan? (If yes, please provide a copy) Yes No

Does the participant receive assistance from an Agency Service? Yes No

(i.e., Person Centered Services or Prime Care)

Emergency Contact Information:

In case of emergency, Cradle Beach staff will contact parents/guardians FIRST. If you cannot be reached the Emergency Contacts listed below will be contacted. Please complete the entire section. Provide two (2) contact names (relatives, friends, etc.) to contact in case of an emergency. **PLEASE DO NOT LIST YOURSELF AS THE EMERGENCY CONTACT WE WILL ALWAYS TRY TO CONTACT PARENTS/GUARDIANS FIRST.** Please include the emergency contact’s phone number and relationship. All emergency contacts must be over the age of 18 and have the ability to pick up the participant if necessary.

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

Physical/Medical Information:

Please Note: Every participant must have completed a physical dated within at least one (1) year prior to the date they plan to attend. Please have your physician fill out the provided physical and over-the-counter (OTC) form. Until we receive proof of physical and over-the-counter form, your child will be placed on a pending list. ANY MEDICATION CHANGES AFTER PHYSICAL EXAM DATE MUST BE ACCOMPANIED BY A CURRENT WRITTEN PRESCRIPTION FROM THE PARTICIPANT’S PHYSICIAN OR PHARMACY.

Most recent or pending date of physical: _____

Health Insurance Information:

Please attach a copy of current insurance card for participant.

Authorize to Release Medical Information:

As the parent/guardian of _____

I authorize the participant’s medical information and prescriptions to be released to Cradle Beach during the time the participant attends respite and/or summer camp.

Physician’s Office: _____

Phone Number: _____

Fax Number: _____

Pharmacy: _____

Pharmacy’s Phone Number: _____

I give the physician (listed above and/or pharmacy permission to fax the participant’s physical and/or prescriptions to Cradle Beach at (716) 549-6825. I authorize any physician, nurse or health care provider, to communicate with the medical staff and Director of Campus Based Services at Cradle Beach about the participant’s medical condition, treatment, and/or prognosis. I further authorize the medical staff at Cradle Beach to discuss any medical conditions with the Director of Campus Based Services, his/her designee, or the participant’s counselor when the medical staff believes such communication will be in the best interest of the participant.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Medical Disclaimer Agreement:

The nurses at Cradle Beach may give the participant routine medications and over-the-counter medications, as approved by participant’s physician, monitor health status and provide first aid and routine care. If there is any change in the participant care or their medical status, I wish to be notified.

If emergency treatment is necessary, I give permission for the participant to be brought to John R. Oishei Children’s Hospital or the nearest emergency room by ambulance or staff transport for treatment. I authorize staff to release all records necessary for insurance purposes so that my insurance company can be billed for the visit, lab tests, and/or x-rays if necessary.

If time and circumstances permit, I would prefer that the participant be taken to:

- | | | |
|-------------------------|-----------------------|--------------------------|
| _____ OISHEI Children’s | _____ Brooks Memorial | _____ ECMC |
| _____ Mercy Hospital | _____ Buffalo General | _____ Sisters of Charity |

I will provide all necessary medications and supplies needed by the participant for the time they are attending programming. However, if the participant requires any additional prescription medication, I give the medical staff at Cradle Beach permission to obtain and bill me for this medication/supply after my notification. Cradle Beach will bill you directly if there is no medical insurance. In consideration of admission of this participant to Cradle Beach, the undersigned hereby releases any and all claims for injuries sustained by the participant in going to or coming from Cradle Beach, or while at Cradle Beach and consents to hospital or medical care if needed.

Parent/Guardian Signature: _____

Date: _____

Current Medications: Must match physician orders for medication(s).

_____ This participant will not take any daily medications while attending camp/respite.

_____ This participant will take the following daily medication(s) while at camp/respite.

- NYS law requires **all medications including over-the-counter medications** to be dispensed only by physician's order.
- Please include all medications, inhalers with frequency and/or nebulizer treatments.
- Any changes prior to arrival must be accompanied with current prescription.
- All medications must be in their original container with label showing the participant's name and how the medication should be given. Provide enough of each medication to last the entire time the participant will be at camp.

Name of Medication	Dosage	Reason for Taking	How it is Given	When it is given	
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Bedtime
				<input type="checkbox"/> Lunch	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Dinner	<input type="checkbox"/> PRN (as needed)
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Bedtime
				<input type="checkbox"/> Lunch	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Dinner	<input type="checkbox"/> PRN (as needed)
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Bedtime
				<input type="checkbox"/> Lunch	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Dinner	<input type="checkbox"/> PRN (as needed)
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Bedtime
				<input type="checkbox"/> Lunch	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Dinner	<input type="checkbox"/> PRN (as needed)
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Bedtime
				<input type="checkbox"/> Lunch	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Dinner	<input type="checkbox"/> PRN (as needed)
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Bedtime
				<input type="checkbox"/> Lunch	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Dinner	<input type="checkbox"/> PRN (as needed)
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Bedtime
				<input type="checkbox"/> Lunch	<input type="checkbox"/> Other: _____
				<input type="checkbox"/> Dinner	<input type="checkbox"/> PRN (as needed)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audio tape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

New York State public law has been amended to require that the following information be included on this application:

Allergies: ___ No known allergies. This participant is allergic to: ___ Food ___ Medicine ___ Environment ___ Other
(Please describe below what the participant is allergic to and the reaction seen.)

Participant has an Epi-pen ___ Yes, for _____ ___ No

General Health History: Check “Yes” or “No” for each statement. Explain “Yes” answers below.

Has/does the participant:

- | | | |
|---|---------|--------|
| 1. Ever been hospitalized? | ___ Yes | ___ No |
| 2. Ever had surgery? | ___ Yes | ___ No |
| 3. Have recurrent/chronic illnesses? | ___ Yes | ___ No |
| 4. Had a recent infectious disease? | ___ Yes | ___ No |
| 5. Had a recent injury? | ___ Yes | ___ No |
| 6. Had asthma/wheezing/shortness of breath? | ___ Yes | ___ No |
| 7. Have diabetes? | ___ Yes | ___ No |
| 8. Had seizures? | ___ Yes | ___ No |
| 9. Had headaches? | ___ Yes | ___ No |
| 10. Wear glasses, contacts, or protective eyewear? | ___ Yes | ___ No |
| 11. Had fainting or dizziness? | ___ Yes | ___ No |
| 12. Passed out/had chest pain during exercise? | ___ Yes | ___ No |
| 13. Had mononucleosis (“mono”) during the past 12 months? | ___ Yes | ___ No |
| 14. If applicable, have problems with periods/menstruation? | ___ Yes | ___ No |
| 15. Have problems with falling asleep/sleepwalking? | ___ Yes | ___ No |
| 16. Ever had back/joint problems? | ___ Yes | ___ No |
| 17. Have a history of bedwetting? | ___ Yes | ___ No |
| 18. Have problems with diarrhea/constipation? | ___ Yes | ___ No |
| 19. Have any skin problems? | ___ Yes | ___ No |
| 20. Traveled outside the country in the past 9 months? | ___ Yes | ___ No |

Please explain “Yes” answers in the space below, noting the number of the questions.

Mental, Emotional, and Social Health: Check “Yes” or “No” for each statement.

Has the participant:

- | | | |
|--|---------|--------|
| 1. Ever been treated for attention deficit/hyperactivity disorder (ADHD)? | ___ Yes | ___ No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | ___ Yes | ___ No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | ___ Yes | ___ No |
| 4. Had a significant life event that continues to affect the participant’s life?
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | ___ Yes | ___ No |

Please explain “Yes” answers in the space below.

Diagnosis: Please list all disabilities/diagnoses:

Epilepsy/Seizures: _____

Date of last seizure: _____ Type: _____

Frequency of seizures: _____ Emergency medications prescribed: _____

How do they present: _____ Average length of seizure: _____

Ambulatory Abilities/Aids: _____ Does not apply

_____ Walks with assistance _____ Walker _____ SMOS _____ Manual Wheelchair _____ Medical Stroller

_____ Awkward gait _____ Crutches _____ AFOS _____ Electric Wheelchair

Communication:

_____ Developmentally appropriate communication skills

_____ Expressive language delay _____ Receptive language delay

_____ Limited verbal

_____ Articulation delay _____ Speech is easily understood

_____ Responds to own name

_____ Responds to directions – _____ One-step directions _____ Multi-step directions

_____ Can communication daily needs

_____ Uses gestures

_____ Uses sign language – _____ ASL _____ Signed English _____ Home Signs

_____ Uses Communication Device (Please send device with the participant) – Type: _____

_____ Uses communication board or picture symbols

_____ Other/Notes: _____

Activities of Daily Living Skills:

	Independent	Needs Prompts	Needs Partial Assistance	Needs Total Assistance
Showering				
Washing Hands				
Drying Hands				
Brushing Teeth				
Dressing				
Hair Care				
Menstruation Care _____ N/A				
Toileting				

Additional Information: _____

Sleeping Needs/Information:

_____ Sleeps through the night _____ Awakens during the night _____ Utilizes CPAP _____ Walks in sleep

_____ Requires respite bed- Cradle Beach utilizes a bed with built up sides in place of bedrails) _____ Repositioning

Strategies to help at bedtime (please be specific): _____

Toileting Information:

Bathroom frequency during the day: _____

____ Participant wakes at night. How often? _____

____ Wets bed. How often? _____

____ Wears briefs _____ Wears pull-ups

____ Needs supervision in the bathroom?

____ Requires catheter. If yes, frequency and any additional information: _____

Mealtimes:

	Independent	Needs Prompts	Needs Partial Assistance	Needs Total Assistance
Finger foods				
Uses spoon				
Uses fork				
Uses knife				
Drinks				
Cleans self				

Diet Level:

____ Regular ____ Soft and bite sized ____ Minced and moist ____ Pureed

____ Chopped- What size? _____ ____ G-Tube

Liquid Level:

____ Thin/Regular ____ Slightly thick/nectar ____ Mildly thick/honey ____ Moderately thick/pudding

Uses adaptive equipment: (Please list)(All adaptive equipment should be labeled): _____

Eating difficulties:

____ Bite reflex ____ Difficulty chewing ____ Unable to close mouth ____ Eats slowly

____ Eats to fast ____ Choking ____ Gagging ____ Difficulty swallowing

____ Drooling ____ Overstuffs mouth ____ Pockets food

Needs help with positioning during meals (be specific): _____

Likes: _____

Dislikes: _____

Dietary Needs:

____ Gluten Free ____ Casein Free ____ Lactose Intolerant ____ Vegetarian

____ Food restrictions/ARFID ____ Dairy Free ____ No Pork/Pork Products ____ Portion Control

*****While Cradle Beach carries gluten free, casein free and preferred foods, we ask that any special brands or unique items that the participant prefers be provided. All items will be labeled and checked in with the kitchen staff*****

Additional information for mealtime: _____

*****CRADLE BEACH IS A PEANUT/TREENUT FREE FACILITY (THIS INCLUDES NUT MILKS SUCH AS ALMOND OR CASHEW MILK. If nut products are sent in they will be returned to you unopened at the end of session)**

Behavioral Concerns:

Cradle Beach strives to support all participants while at program. We ask you be open and honest regarding your participant’s behaviors so we can best support them during programming. By indicating behaviors does not exclude the participant from our programming. Cradle Beach staff will be in touch if additional information is needed.

- Wanders/Runs away Inappropriate Language Self-Injurious Behaviors
- Destroys Property Bites others/self Inappropriate sexual behaviors to self
- Inappropriate sexual behaviors to others Non-compliant
- Eats inedible objects Collects items that do not belong to them.
- Physically aggressive (ex.: hits/kicks/bites/punches) Self harm

Helpful techniques to manage these behaviors: _____

Check if you receive any of the following county assistance programs:

- Family Assistance Benefits Food Stamps
- Child Welfare Services Foster Care
- Kinship Care Adopted

Complete for OPWDD- Prime Care and Person Centered Services:

Agency Name: _____

TABS#: _____

Do you have a self-directed budget? Yes No

Care coordinator/Manager name: _____

Care coordinator/manager telephone number: _____

Care Coordinator/Manager Email: _____

If self-directed- Please complete the below questions:

Fiscal Intermediary Agency: _____

Fiscal Intermediary Contact Name: _____

Fiscal Intermediary Email: _____

Permission Page: (Please note: This page must be completed and signed for your application to be processed).

Pool Usage Information:

Can the participant participate in a lifeguard supervised time in our pool? Yes Yes, with assistance No

If no, can you explain: _____

Please describe any concerns, restrictions, or adaptations regarding your participant’s time in our pool: _____

Program Information:

Cradle Beach does programming during camp to celebrate different holidays, festivals, birthdays, celebrations, and events. Would your child be allowed to participate? Yes No

If no, please explain: _____

Parent/Guardian Commitment:

(Please check all the boxes on the left to show that you have read and agree to each statement.)

- I give the participant permission to attend Cradle Beach. They can participate in all recreational and educational activities except those noted as restrictions.
- I give Cradle Beach permission to contact the participant’s school or agency personnel to release information (i.e., counseling services, IEPs, BIPs, etc.) relevant to their care at Cradle Beach.
- I will not hold Cradle Beach accountable for any items my participant might bring to camp. (For example: clothing, money, valuables, or electronic items.)
- I agree to only send technology that is used as an AAC or for sensory regulation. I will not send technology used for communications or recording to respect the privacy of all other participants.
- I agree that technology I send will be accessed by the participant at the discretion of staff when appropriate, available and not disruptive to peers.
- I agree not to visit my participant at camp. (Please notify us if a message needs to be relayed to your participant.)
- I agree to communicate with my participant ONLY through letters, care packages, or emails (through Campsite system). Staff will respond to calls within a business day. (PLEASE understand our first priority is the participants we care for and we will make every effort to communicate with you as soon as possible.)
- I understand that housing placement is decided at the discretion of the Director of Campus Based Services and supervisory staff. Housing placement is not based solely on diagnoses but support needs, staff availability and appropriate peer groups.
- Cradle Beach reserves the right to send a participant home. This could be for behavioral, medical or mental health reasons. If we cannot guarantee the safety of your participant or others (including staff) your participant will be sent home. If your participant is being sent home; they MUST be picked up within two (2) hours.

I am aware:

- The \$15 processing fee is non-refundable.
- All Camp Fees MUST be paid 4 weeks prior to camper’s arrival date.**
- Camp fees will NOT be returned if your participant is sent home for behavioral reasons.
- Cancellation refunds for camp fees must be requested in writing from the parent/guardian two weeks prior to the participant’s arrival date.
- There will be a \$25 charge for returned checks.
- If I am not able to provide a current physical 3 weeks prior to my participant’s arrival, my participant will forfeit their placement and be placed on the wait list until current physical is received. New placement will be determined based on availability.

I grant to Cradle Beach, Inc., its representatives and employees the right to take photographs and/or video of the participant and their property in connection with the applicant. I authorize Cradle Beach, Inc., its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that Cradle Beach, Inc., may use such photographs and/or video of the participant with or without their name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content. ____Yes ____No

I grant to Cradle Beach, Inc., to post the participant’s photograph and/or video on our parent blog/newsletter? (Access to the blog is only granted to parents/guardians whose individual is attending the respite weekend or summer camp and to staff). ____Yes ____No

Completed by (print name): _____

Signature: _____

Date: _____ Relationship to applicant: _____