

2024

Camp CHALLENGE

CAMP CHALLENGE is a summer day camp organized by the City of Chandler Adaptive Recreation program and designed for participants ages 6-21 with developmental disabilities. Activities include crafts, sports, games, cooking, music, and a talent show! Thank you for your interest in joining the fun-filled days.

Camp Location: Andersen Elementary School

1350 N. Pennington Dr. Chandler, AZ 85224

Camp Dates: Monday, June 3 through Friday, June 28

Camp Hours: Monday-Friday, 8:30 a.m.- 2 p.m.

Camp Fees: Private Pay **\$250 for residents, \$338 for non-residents** or payment through Department of Developmental Disabilities (DDD)

Important Note: Camp Challenge space is limited. Application does not guarantee enrollment into this program. Participant must be able to function successfully in a 1:4 or greater ratio. We do not provide 1:1 assistance.

APPLICATION PROCESS:

Returning campers can attend registration night on **Tuesday, March 26th** from **4-7 p.m.** at Chandler Community Center
125 E. Commonwealth Ave.

New campers can attend registration night on **Tuesday, April 2nd** from **4-7 p.m.** at Chandler Community Center
125 E. Commonwealth Ave.

If you are unable to attend registration night, applications can be dropped off starting **April 3rd** at Tumbleweed Recreation Center
745 E. Germann Rd.

TO APPLY:

Registration paperwork for DDD services:

- City of Chandler application completed
- Speak with your support coordinator and have them provide you with your child's most recent Person-Centered Support Plan (PCSP) with 1-2 goals listed.
- If on May 1st authorization is not granted to City of Chandler by your support coordinator, then Private Pay fee will be collected. Refunds can be issued until May 30th, upon receipt of authorization.

Registration paperwork for private pay services:

- City of Chandler application completed
- Payment will be collected upon enrollment
- Form of payment (cash, check, debit, or credit card)
Residents: \$250 - Non-Residents: \$338

APPLICATION FORM

Please check one: DDD paid client Private pay client

Participant's Name: _____
(last) (first) (m.i.)

Home Address: _____
(street) (city) (zip code)

Birth Date: _____ Age: _____ Sex: _____ E-mail address: _____ T-Shirt size: _____

Parent's Name: _____ Cell Phone: _____ Alt. Phone: _____

Emergency Contact (other than parent): _____ Phone: _____

The following information is to help staff better understand each participant's wants and needs. Please be as specific as possible with your answers.

- Last grade completed: _____ School name: _____
- What assistance does the participant receive at school?
 - Inclusion class Special Ed class 1:4 ratio Special Ed class 1:2 ratio Special Ed class 1:1 ratio
 - Participant must be able to function in a summer camp setting of 1:4 supervision ratio (staff to participant) or greater. Camp Challenge does not accommodate for 1:2 or 1:1 supervision ratios.
- Has the participant ever had a personal classroom aide? Yes No
- Will your child be attending summer school? Yes No
 If yes, what time will they arrive at camp: _____ What is the last day of summer school? _____
- Has participant ever been in Camp Challenge before? Yes No If yes, when? _____
- Does participant read and/or write? Yes No
- What is the participant's disability? (Please check all that apply to participant):

<input type="checkbox"/> cerebral palsy	<input type="checkbox"/> MIMD	<input type="checkbox"/> MOMD	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> hearing impaired	<input type="checkbox"/> learning disabilities	<input type="checkbox"/> head injury	<input type="checkbox"/> depression
<input type="checkbox"/> fetal alcohol syndrome	<input type="checkbox"/> diabetes	<input type="checkbox"/> bi-polar	<input type="checkbox"/> autism spectrum disorder
<input type="checkbox"/> cystic fibrosis	<input type="checkbox"/> seizure disorder	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> communication impairments
<input type="checkbox"/> Other: _____			
- Does participant have allergies? Yes No
 If yes, please list: _____
- Can participant walk? Yes No
- Does participant wear braces or other type of AFO? Yes No
 If yes, what type and for what period of time? _____
- Does participant have seizures or blackouts? Yes No
 If yes, please describe: _____
 If yes, please describe procedure to follow for care: _____

APPLICATION FORM (continued)

Have you ever known the applicant/participant to:

Interact well with others?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Be cooperative with peers and adults?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Express his/her needs?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Exhibit age-appropriate behaviors?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Hit or strike others?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Use foul language?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Exhibit self destructive behavior?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
React aggressively to criticism?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly

Comments on the above: _____

12. Has the participant ever been removed from a program for any type of behavioral reasons? Yes No
 If yes, please describe: _____

13. Is the participant potty-trained? Yes No
 Does the participant use diapers/pull-ups*? Yes No
 If yes, can the participant independently change his or her own diapers/pull-ups? Yes No
**Staff will not be able to change diapers but can assist with pull-ups.*
 Does the participant need assistance in the bathroom? Yes No
 If yes, please describe: _____

NOTE: Participants must be potty-trained or independently able to take care of bathroom needs.

14. What adaptive equipment will participant bring to camp? Please describe: _____

15. Does participant feed him/herself? Yes No If no, please describe: _____

16. Does participant have visual impairments? Yes No If yes, please describe: _____

17. Does participant have hearing impairments? Yes No If yes, please describe: _____

18. Does participant have communication difficulties? Yes No If yes, please describe: _____

19. Camp activities participant is most interested in? (Please check all that apply):

<input type="checkbox"/> Sports	<input type="checkbox"/> Swimming	<input type="checkbox"/> Community Integration/Outings
<input type="checkbox"/> Games	<input type="checkbox"/> Video Games	<input type="checkbox"/> Special Guests
<input type="checkbox"/> Arts	<input type="checkbox"/> Science	<input type="checkbox"/> Water Days
<input type="checkbox"/> Crafts	<input type="checkbox"/> Movies	<input type="checkbox"/> Talent Show
<input type="checkbox"/> Cooking	<input type="checkbox"/> Music Therapy	
<input type="checkbox"/> Other: _____		

APPLICATION FORM (continued)

Please list any other pertinent information that would help our staff in working with the participant.
(Be specific, and please attach additional page(s) if necessary): _____

Please describe the participant's likes and dislikes. What activities and environmental stimulation does the individual enjoy and respond positively to? Is there anything that the individual responds negatively to?

Positive response to:

Negative response to:

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Staff Notes (to be filled out by camp staff only): _____

APPLICATION FORM (continued)

CAMP PARTICIPANT'S NAME: _____

DES/DDD CONTACT (If Applicable)

Support Coordinator Name: _____

Phone number: _____ Email: _____

Camp Challenge does not provide enhanced ratio programs; participant must be able to function successfully in at least a 1:4 ratio during all activities.

CONTACT FORM

PARENTS: To ensure the participant has an optimal camp experience, please fill out the following.

I give my permission for City of Chandler Camp Challenge staff to (check all that apply):

_____ Visit with my child's teacher by phone

_____ Observe my child at school

School: _____

Teacher's Name: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

CAMP PARTICIPANT'S NAME: _____

POLICY ACKNOWLEDGEMENT

PARENTS: Please read the following information regarding our Camp Challenge policies. When you have read them, please sign this acknowledgment sheet.

I, _____, the parent/legal guardian of the participant(s) listed above have read and understand the **Parent Guide, Drop-off/Pick-up Policy, Behavior Policy** and the **Refund Policy**. I have also filled out the registration packet as **COMPLETELY** as possible and to the best of my knowledge.

All the staff members at Camp Challenge may rely on the information contained herein to make a decision as to whether or not this applicant may safely participate at Camp Challenge. The City of Chandler reserves the right, in its absolute discretion, to terminate this program, or anyone's participation in the program, at any time, for any reason, including but not limited to any participant's failure to comply with any staff or program coordinator's directives.

I give permission for emergency medical service to be administered to my child/participant listed above. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. I also give permission for any photo/video taken of my child/participant to be used by the City of Chandler.

Parent/Guardian Signature: _____ Date: _____