



## **NCSS Camp Rainbow 2025**

Please return completed Registration by March 21, 2025

To:

NCSS

Camp Rainbow/ATTN: Merry Hill/John Chittick

20 Mapleville Depot

St. Albans, VT 05478

**Questions or more information, please call:**

**Camp Coordinator:** Merry Hill 802-528-2501 or John Chittick 782-1949

**CAMP DATES: June 23 through June 27 (Full Week)**

Drop off between 8:30/9am -- Pick up 1:30/2pm

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**due March 21, 2025**  
**CAMPERS MAY NOT ATTEND WITHOUT THIS FORM**  
**No Exceptions**

**CAMP TUITION \$230 for all ages for the entire week.**

\*\*Some 18 year olds may consider Camp Rainbow for Adults. Please contact us for more information!

**Please Make Checks Payable to NCSS, Inc. and note *Kids Camp Rainbow 2025* on bottom of the check.**

**Please keep this page of this application for your records.**





# NCSS Camp Rainbow 2025 Application

**\*\*\*Please be sure to fill out all sections of this application \*\*\***

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NCSS Coordinator [if you have one]: \_\_\_\_\_

Camper's School: \_\_\_\_\_ Grade Fall 2025 \_\_\_\_\_

Special Educator Name: \_\_\_\_\_ phone #: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ phone #: \_\_\_\_\_

Camper's T-shirt size:

**Child** XS S M L XL  **or** **Adult** S M L XL XXL

**Dates Attending Camp:** **ALL**  select: 6/23 6/24 6/25 6/26 6/27

**Camp Tuition:** see cover sheet \$ \_\_\_\_\_

**Emergency Contact Information** - In case we need to speak with you during a camp day

<b>Name of Contact:</b>		<b>Phone Numbers:</b>
<b>Alternate Contact:</b>		<b>Phone Numbers:</b>

**RSVP for Parent Retreat and Sibling workshop:**

Please add names of those attending  or circle Not Attending.

**6/26/2025 full camp day**

<b>Parent Retreat</b>	<b>Will attend: _#_____</b>	<b>or circle</b>	<b>Not Attending</b>
<b>Sibling Workshop</b>	<b>Will attend: _#_____</b>	<b>or circle</b>	<b>Not Attending</b>

**Camper Support:** \_\_\_ school aide      \_\_\_PCA aide      \_\_\_please match a volunteer.

Please select how this camper will be supported at camp. **Please see page 3 for more details.**





## NCSS Camp Rainbow 2025 Application

**One great aspect of Camp Rainbow is that every camper receives 1:1 support from a trained staff/volunteer who is dedicated to the camper's successful camp day.**

### **Does your child receive support from a 1:1 aide/support staff during the school year?**

If **YES**, Camp Rainbow suggests asking the familiar PCA or school aide to support the camper during the day. *This support person would know your camper the best.* If that is not possible, then let us know ~ we will happily help you in your search to find someone that you can hire and in some instances the camper may be able to be matched with a trained volunteer or staff person.

### **ABOUT VOLUNTEERS**

Camp Rainbow Volunteers are selected from interested local high school, college, and graduate students. Many volunteers return year after year to support campers and often maintain lasting relationships with campers and their families.

### **Every Camp Rainbow Volunteer must:**

- Complete an NCSS Volunteer Application and submit references.
- Agree and sign the same Confidentiality Policy and Code of Ethics as an NCSS Staff.
- Pass checks of Driving & Criminal Record background, and the Agency of Human Services' background check.
- Attend the Camp Rainbow Volunteer Training, where they learn about:
  - Developmental Disabilities/Autism Spectrum Disorders
  - Communication Strategies
  - Behavioral Support Strategies
  - Camp Philosophy and Safety
  - Fun and Enthusiasm



# NCSS Camp Rainbow 2025 Application

Parent/Guardian Signature & Release for Camper \_\_\_\_\_ [name]

**Please read all statements carefully and sign at the bottom of the page.**

**1. Session Agreement:**

- If my child has a challenging day at camp, I will cooperate with Camp Rainbow staff that are supporting my child during camp day. We will work together towards a positive camp time for all.
- If my child's behavior becomes very unsafe, disruptive, or too challenging, the Camp Coordinator may decide to end my child's camp day early, in which case I will arrange for her/him to be picked up as soon as possible, but within 1 hour.

**2. Contact Information:**

- I will do my best to be available by phone during camp days, in case Camp Staff need to reach me for an emergency.
- If I am not available on any given day, I will let the Camp Coordinator know in advance, and will give an alternate contact who has permission to act on my behalf.

**3. Authorization for Information Release:** I authorize social service agencies, schools, clinics, or doctors to release information to the Camp Coordinator. This information will be used to best plan for my child's time at camp. This may include the Camp Coordinator contacting the doctor's office to complete a health form and follow up survey to a camper's Special Educator.

**4. Permission for camper to swim at Camp Rainbow:** I give my permission for \_\_\_\_\_ [camper's name] to participate in the supervised water activities provide at Camp Rainbow.

**5. Promotional Materials:** I agree that photographs, videos or other media may be taken of my child and may be used for future promotional materials. (If you do not give permission, please cross off this section only and initial.) There will also be an additional release provided at the end of this application.

**6. Medical Authorization:**

- I give Camp Rainbow permission to give my child any medications as described on the Health Form. Any medicines will be brought to camp in their **ORIGINAL** containers and handed to the camp nurse.
- I will let Camp Rainbow Staff Nurse know of any prescription changes during camp session.
- I will tell Camp Rainbow Staff Nurse of the exact time my child was last given her/his medicines on camp days.
- If I cannot be immediately reached during a medical emergency, I give permission to the Camp Rainbow to order x-rays, test, and treatment for the health of my child.

**7. Release:**

- I give permission for my child to attend Camp Rainbow and participate in all programs.
- I agree that Camp Rainbow will observe all reasonable precautions for the care and protection of my child.

By signing this application, I agree to the above items; hereby releasing and holding harmless the Camp, Northwestern Counseling & Support Services, Camp staff and volunteers, and the town of St Albans, from any and all damages, claims, injuries and liabilities, which may arise out of my child's attendance at camp and out of his/her participation in any activities while in attendance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_



## NCSS Camp Rainbow 2025 Application

**Please sign this email consent form if you wish to contact Camp staff by email or receive confirmation of application receipt.**

**Email is NOT to be used to contact camp staff on camp days since we will not have access to email then!**

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### Email Consent Form

Camper Name: \_\_\_\_\_

Client #: \_\_\_\_\_

Northwestern Counseling & Support Services, Inc. (NCSS) provides consumers the opportunity to communicate with their Case Managers by email. Email use has a number of risks that consumers should consider before using this means of communication.

#### **General Risks:**

- Email messages can be immediately transmitted worldwide and be received by many intended and unintended recipients.
- Email messages can be forwarded to others without the sender's permission or knowledge.
- Users can easily misaddress an email.
- Backup copies of email may exist even after the sender or recipient has deleted his or her copy.

#### **Specific Risks:**

- Employees do not have an expectation of privacy in email they send or receive at their place of employment. Thus, consumers who send or receive email from their place of employment risk having their employer read their email.
- Consumers have no way of knowing how soon their case manager will respond to a particular email. We will try to read and respond to an email promptly, but we cannot guarantee that email messages will be read and responded to within any particular period of time. Thus, do not use email in an emergency.

#### **Conditions for the Use of Email:**

NCSS will treat email communications with the same degree of confidentiality as it does all consumer information. NCSS will use reasonable means to protect the security and confidentiality of email information. However, because of the risks listed above NCSS cannot guarantee the security and confidentiality of email communications.

Consumers must consent to the use of email after having been informed of the above risks, prior to communicating with their case managers by this method. Consent to the use of email includes agreement with the following conditions:

- Some email messages may become part of the consumer's record. As part of the record other individuals will have access to these messages.
- NCSS may forward email messages within the organization if necessary. We will not forward the message outside the organization without your consent.
- Your case manager will try to read the email promptly and respond promptly, if warranted. However, NCSS can provide no assurance that the recipient of a particular email will read the message promptly. **Because NCSS cannot assure consumers that recipients will read messages promptly, you should not use email in an emergency.**
- If your email requires or invites a response, and you do not receive one in a reasonable time, you are responsible for following up to determine whether the email was received and when the recipient will respond.
- Be careful in the content of your messages-unauthorized disclosure of sensitive health information could be damaging.
- Because employees do not have a right of privacy in their employer's email system, do not use your employers email system to transmit or receive confidential information.



# NCSS Camp Rainbow 2025 Application

## Email Consent Form CONTINUED

Camper Name: \_\_\_\_\_

Client #: \_\_\_\_\_

- NCSS cannot guarantee that email communications will be private. NCSS will take reasonable steps to protect the confidentiality of consumer email but is not liable for improper disclosure of confidential information not caused by NCSS.
- If you consent to the use of email, you are responsible for informing NCSS of any types of information you do not want sent by email.
- You are responsible for protecting your password or other means of access to email sent or received from NCSS to protect confidentiality. NCSS is not liable for breaches of confidentiality caused by you.
- You may withdraw consent to use email at any time by written communication to your case manager.

I have read and understand the above policy on email communications:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Camper (parent or guardian) Signature

Case manager / Clinician: \_\_\_\_\_

### Permission for Emergency Transportation

**In the event of a weather or other emergency situation**

**Requiring evacuation of the camp site,**

**I give permission for my camper [Name] \_\_\_\_\_**

**To be transported by the agency bus and/or by NCSS staff in their personal vehicles.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Camper (parent or guardian) Signature





# NCSS Camp Rainbow 2025 Application

**Tell Us About Your Camper - How can we best support your child to have a successful camp experience? Please use back of this sheet if you need more space.**

What are your child's likes?

How will we know when your child is Happy?

What are your child's dislikes?

How will we know when your child is Not Happy?

What frightens your child? [For example, crowds, loud noises, spiders, new things]:

How will we know your child is frightened?

What comforts your child?

**Safety Skills** - Please **X** all that apply

<input type="checkbox"/> Runs/darts away unexpectedly	<input type="checkbox"/> Has few safety skills
<input type="checkbox"/> Has been unsafe towards other people	<input type="checkbox"/> Has high tolerance to pain.
<input type="checkbox"/> Has been unsafe towards animals	<input type="checkbox"/> Is impulsive

**Water Safety** - Please **X** the statement that most closely describes your child:

<input type="checkbox"/> can't swim No experience in water.	<input type="checkbox"/> walks or wades in water	<input type="checkbox"/> uses floatation or safety vest
<input type="checkbox"/> beginner swimmer needs staff support at side	<input type="checkbox"/> confident beginner	<input type="checkbox"/> intermediate swimmer

How does your child **communicate**? Please **X** all that apply.

<input type="checkbox"/> Talks clearly	<input type="checkbox"/> PECS	<input type="checkbox"/> Communication Device/technology	<input type="checkbox"/> Facilitated Communication
<input type="checkbox"/> Talks, not always clear	<input type="checkbox"/> Eye gaze	<input type="checkbox"/> Vocalizations	<input type="checkbox"/> Communication Books
<input type="checkbox"/> Uses sign language	<input type="checkbox"/> Gestures & pointing	<input type="checkbox"/> Picture schedules	<input type="checkbox"/> Choice Boards

Please share anything else you would like us to know about how your child **communicates**:

Tell us about your child's **mobility**. Please **X** all that apply

<input type="checkbox"/> Walks, runs, moves independently	<input type="checkbox"/> Uses wheelchair with staff support
<input type="checkbox"/> Needs staff support to walk or run	<input type="checkbox"/> Uses wheelchair independently
<input type="checkbox"/> Needs frequent rest from movement/physical activity	<input type="checkbox"/> Uses walker, cane, crutches



# NCSS Camp Rainbow 2025 Application

Please share anything else you would like us to know about how your child **moves around**:

Do any of the following conditions describe your child?

Please **X** all that apply.

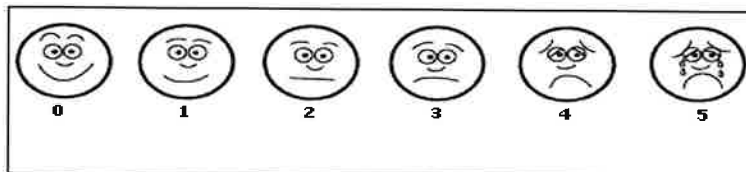
<input type="checkbox"/> Seizures	<input type="checkbox"/> Deaf/hard of hearing
<input type="checkbox"/> Allergies	<input type="checkbox"/> Uses hearing aids
<input type="checkbox"/> Asthma or breathing complications	<input type="checkbox"/> Partial or complete Blindness
<input type="checkbox"/> Eating Disorders [including PICA]	
<input type="checkbox"/> Self-Injurious Behaviors	
<input type="checkbox"/> Wears glasses	<input type="checkbox"/> None of the above apply

**Is there anything you'd like to add?**

**How does your child react in the following situations?**

Enter a number from the scale below.

<input type="checkbox"/> Changing activities [transitions]	<input type="checkbox"/> Making new friends
<input type="checkbox"/> New or challenging activities	<input type="checkbox"/> Working in a team
<input type="checkbox"/> New sights, sounds, smells, textures	<input type="checkbox"/> Following directions



**Is there anything else you would like to share about your child?** For example, child's personal goals; your hopes for your child during camp; any concerns you may have.



# NCSS Camp Rainbow 2025 Application

## Camp Tuition Assistance Application

Camp Rainbow receives limited funding for camp scholarships through public and private donors. These funds are stretched as much as possible so that all campers can attend, and that families are not burdened. To request assistance with tuition, please complete the following application.

1. How many campers are you sending from your family? \_\_\_\_\_
2. How much are you able to contribute per camper? \$ \_\_\_\_\_
3. Have you sought assistance from other sources for this year's camp tuition? For example, school IEP, Scholarships, or funds? Which sources?  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you planning on attending Parent and Sibling Workshops?  
\_\_\_\_\_
5. **A payment plan can be arranged to pay the whole tuition, or part after scholarship money is assigned. Would you like to make a payment plan agreement?** Please circle: Yes, please No, Thank you
6. Please indicate the best way to contact you to set up a payment plan. And thank you!  
\_\_\_\_\_  
\_\_\_\_\_
7. Please indicate your family size and gross annual income from the table:

### Income table

#### Family Size

	1	2	3	4	5	6	7	8
<b>Gross</b>	<\$25K	<\$30K	<\$35K	<\$40K	<\$45K	<\$50K	<\$55K	<\$60K
<b>annual</b>	<\$30K	<\$35K	<\$40K	<\$45K	<\$50K	<\$55K	<\$60K	<\$65K
<b>income</b>	<\$35K	<\$40K	<\$45k	<\$50K	<\$55K	<\$60K	<\$65K	<\$70K
	<\$40K	<\$45K	<\$50K	<\$55K	<\$60K	<\$65K	<\$70K	<\$75K
	<\$45K	<\$50K	<\$55K	<\$60K	<\$65K	<\$70K	<\$75K	<\$80K
	<\$50k	<\$55K	<\$60K	<\$65K	<\$70K	<\$75K	<\$80K	<\$85K



# NCSS Camp Rainbow 2025 Application

## QUESTIONNAIRE

The following questions are **OPTIONAL**. Information will be used for planning for next year's Camp and when seeking grants, fundraising, and donations. If you choose to answer these questions, *please return with your application*. **All information will be kept confidential.**

Total number of people in household _____																																																															
Number of school-aged children in household _____																																																															
Number of children from household attending Camp Rainbow 2025 _____																																																															
Number of people in household with a disability [Developmental, physical, mental] _____																																																															
Other than Camp Rainbow, how many people in household receive services from Northwestern Counseling & Support Services? [you <b>do not</b> need to say Who or Which services] _____																																																															
<p><b>Income Table:</b>  <b>Please circle your family size and gross annual income.</b></p> <p style="text-align: center;"><b>Family Size</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">1</th> <th style="width: 10%;">2</th> <th style="width: 10%;">3</th> <th style="width: 10%;">4</th> <th style="width: 10%;">5</th> <th style="width: 10%;">6</th> <th style="width: 10%;">7</th> <th style="width: 10%;">8</th> </tr> </thead> <tbody> <tr> <td><b>Gross</b></td> <td>&lt;\$25K</td> <td>&lt;\$30K</td> <td>&lt;\$35K</td> <td>&lt;\$40K</td> <td>&lt;\$45K</td> <td>&lt;\$50K</td> <td>&lt;\$55K</td> <td>&lt;\$60K</td> </tr> <tr> <td><b>annual</b></td> <td>&lt;\$30K</td> <td>&lt;\$35K</td> <td>&lt;\$40K</td> <td>&lt;\$45K</td> <td>&lt;\$50K</td> <td>&lt;\$55K</td> <td>&lt;\$60K</td> <td>&lt;\$65K</td> </tr> <tr> <td><b>income</b></td> <td>&lt;\$35K</td> <td>&lt;\$40K</td> <td>&lt;\$45k</td> <td>&lt;\$50K</td> <td>&lt;\$55K</td> <td>&lt;\$60K</td> <td>&lt;\$65K</td> <td>&lt;\$70K</td> </tr> <tr> <td></td> <td>&lt;\$40K</td> <td>&lt;\$45K</td> <td>&lt;\$50K</td> <td>&lt;\$55K</td> <td>&lt;\$60K</td> <td>&lt;\$65K</td> <td>&lt;\$70K</td> <td>&lt;\$75K</td> </tr> <tr> <td></td> <td>&lt;\$45K</td> <td>&lt;\$50K</td> <td>&lt;\$55K</td> <td>&lt;\$60K</td> <td>&lt;\$65K</td> <td>&lt;\$70K</td> <td>&lt;\$75K</td> <td>&lt;\$80K</td> </tr> <tr> <td></td> <td>&lt;\$50k</td> <td>&lt;\$55K</td> <td>&lt;\$60K</td> <td>&lt;\$65K</td> <td>&lt;\$70K</td> <td>&lt;\$75K</td> <td>&lt;\$80K</td> <td>&lt;\$85K</td> </tr> </tbody> </table>		1	2	3	4	5	6	7	8	<b>Gross</b>	<\$25K	<\$30K	<\$35K	<\$40K	<\$45K	<\$50K	<\$55K	<\$60K	<b>annual</b>	<\$30K	<\$35K	<\$40K	<\$45K	<\$50K	<\$55K	<\$60K	<\$65K	<b>income</b>	<\$35K	<\$40K	<\$45k	<\$50K	<\$55K	<\$60K	<\$65K	<\$70K		<\$40K	<\$45K	<\$50K	<\$55K	<\$60K	<\$65K	<\$70K	<\$75K		<\$45K	<\$50K	<\$55K	<\$60K	<\$65K	<\$70K	<\$75K	<\$80K		<\$50k	<\$55K	<\$60K	<\$65K	<\$70K	<\$75K	<\$80K	<\$85K
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## NCSS Camp Rainbow 2025 Application

# CAMP RAINBOW PARENT RETREAT



*Please join us on Thursday June 26<sup>th</sup> from 9am-  
1pm*

*For lunch and a day of relaxation!!!!*

To confirm your attendance please contact

John Chittick (802) 782-1949

[john.chittick@ncssinc.org](mailto:john.chittick@ncssinc.org)

John will mail detailed information out to those registered  
prior to the parent retreat.

**Please keep this page of this application for your records.**





# NCSS Camp Rainbow 2025 Application

## HEALTH FORM

**\*\*\*MUST BE COMPLETED BY PHYSICIAN'S OFFICE FOR CAMPER TO ATTEND\*\*\***

**Camper Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Will your child need to take medication during camp hours?  Yes  No  
If **Yes**, is it \_\_\_\_\_ Over the Counter **or** \_\_\_\_\_ Prescription?

**Date Last Seen by this Physician:**

**Physician/office phone #:**

**Child's Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Diagnosis (including developmental and mental health):**

**All Medications (dosage, frequency, reason):**

Medicine Name	Dosage	Frequency	Time of day	Reason/treatment purpose

**Allergies:**

**Restrictions:**

To my knowledge there is no reason why this camper cannot participate in supervised camp activities, including animal interactions, swimming, kayaking/canoeing, hiking, archery, sports, etc...  
(All programs are available as adaptive programs for people with disabilities.)

\_\_\_\_\_  
Physician's Name [please print]

\_\_\_\_\_  
Physician's Signature

