



ORCHARD HILL APPLICATION FOR RESPITE SERVICES

Orchard Hill has been serving the community with excellent programming since 1972. It is a priority of our organization to provide a meaningful experience for every child, regardless of age, race, ethnicity, physical ability or socio-economic status. In keeping with that mission, we are thankful and pleased to partner with Brighter Journeys to provide respite services for children with special needs. Funding for our Respite Care Program is provided by The All One Foundation. In order to qualify for these services, please complete this application as well as our Respite Care registration form.

Mail or Fax the completed packet to: Camp Orchard Hill | 640 Orange Road, Dallas, PA 18612 | (570) 333-4058 (Fax)

PROGRAM GUIDELINES:

1. Applications will be approved on a first-come, first-served basis and must be submitted yearly. Please apply by June 15th or as soon as possible to ensure that funding is available for the Summer 2020 season.
2. Please submit the Respite Application and Respite Registration Form together.
3. Applicants must be between age 4 and age 21 to be eligible for Summer 2020 Respite Care.
4. When approved, each participant will be eligible for 10 days of Respite Care for the Summer 2020 season. The 2020 Summer Season runs Monday-Friday, 9am-4pm from June 15 to August 21, 2020.
5. All appropriate TSS or Nursing Care workers must be present the entire time your child is in the Respite Care program.
6. Days of care must be selected at the time of application. Requests to transfer days must be made through the camp office with 5 days notice and will be granted only for true need.
7. Upon acceptance, a parent/guardian must complete the required Online Health History Form before your child may attend the Respite Care Program.

RESPITE CARE GENERAL APPLICATION

Child's Name: _____

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

- Referring Agency providing TSS or Nursing Support: _____
- Supervisor Name and Contact Info: _____
- Child's Diagnosis: _____

I have read the guidelines for the Respite Care program and willingly comply with the spirit of the program. Upon acceptance, I also agree to complete the required Health History Form through Ultra Camp online.

Signature: _____ Date: _____

Please return this completed application to:

Camp Orchard Hill

Attn: Jim Payne

640 Orange Road | Dallas, PA 18612

Phone: (570) 333-4098 Fax: (570) 333-4058

www.camporchardhill.com

2020 Respite Care Registration Form



REGISTRATION CHECKLIST

- Complete Respite Application & Registration Form
- Mail to 640 Orange Road Dallas, PA 18612 Attn: Jim Payne
- OR fax to (570) 333-4058

Child's Last Name	First Name	Birthdate	
Address	City	State	Zip
male - female	YS YM YL AS AM AL AXL		
Gender	Shirt Size	Grade Completed as of June 2020	
Parent 1 Name	Address	Phone Number	Cell Number
Parent 2 Name	Address	Phone Number	Cell Number
Parent 1 Email	Parent 2 Email		
Emergency Contact	Relationship	Phone Number	

RESPITE CARE SELECTIONS -			
Respite Care includes up to 10 days of programming for each participant and may be distributed throughout the summer. If transportation services are required, please select the location and indicate if a support worker will ride the bus with your child.			
WEEK	SELECT up to 10 days of Programming	SELECT will you need transportation?	TRANSPORTATION OPTIONS: Please mark your choice
June 15-19	M T W Th F	YES NO	<input type="checkbox"/> Wyoming Valley Mall <input type="checkbox"/> Mountain Top - Carone's <input type="checkbox"/> Sans Souci - Tractor Supply <input type="checkbox"/> Edwardsville - Lowes <input type="checkbox"/> Shavertown - (Bk Mt Shopping Ctr) <input type="checkbox"/> Kingston - Thomas' Market <input type="checkbox"/> Wyoming - Midway Shopping <input type="checkbox"/> West Pittston - Driscoll's <input type="checkbox"/> Pittston - Pittston Plaza <input type="checkbox"/> West Wyoming - Charney Park <input type="checkbox"/> Lehman - Lake Lehman HS <input type="checkbox"/> Dallas - Little Meadows <input type="checkbox"/> Duryea - Sacred Heart <input type="checkbox"/> Scranton - Gerrity's Market <input type="checkbox"/> Clarks Summit - Brown's Gym <input type="checkbox"/> Tunkhannock - Ace Hardware
June 22-26	M T W Th F	YES NO	
June 29-July 3	M T W Th F	YES NO	
July 6-10	M T W Th F	YES NO	
July 13-17	M T W Th F	YES NO	
July 20-24	M T W Th F	YES NO	
July 27-31	M T W Th F	YES NO	
August 3-7	M T W Th F	YES NO	
August 10-14	M T W Th F	YES NO	
August 17-21	M T W Th F	YES NO	

HELP US SERVE YOUR CHILD WELL!

- Does your child have a Behavior Plan: Yes No
Please provide a copy with your application
- Support workers must be present the entire time your child is present in Respite Care.
Name of TSS, Aid or Nurse: _____

PLEASE NOTE: Once your application has been submitted, Camp Orchard Hill will contact you with approval status. At that time, a **parent/guardian will need to complete an additional Health History Form available online** through our Ultra Camp software. This form must be completed before your child may attend the Respite Care Program.

REGISTRATION AGREEMENT/WAIVER

I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all camp activities including travel off-property. Also, I give permission for COH to use images and recordings of my child/ward without further compensation for the purpose of promoting COH. I realize that in the event of an illness or injury while at camp or participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear all the cost of all such treatment. I also agree to hold harmless COH, its staff and board of directors from any and all liabilities, claims, demands and causes of action whatsoever may arise due to the participation of me or my child/ward in said activities.

- Admissions shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency) or sex.

REGISTRATION POLICIES:

- Each applicant is eligible for 10 Days of Respite Programming for the 2020 summer season.
- The season runs Monday - Friday, 9am - 4pm from June 15-August 21, 2020.
- All appropriate TSS or Nursing Care workers must be present the entire time the participant is present for Respite Care.
- Selections for days of Respite Care should be made during the application process. Transfers must be requested through the camp office with 5 days notice and will be granted for emergency situations only.
- All updates to transportation must be made through the camp office with 5 days notice
- A parent/guardian must complete the required Health History form through our Ultra Camp online software before your child may attend the Respite Care Program.

Parent's Signature _____

Printed Name _____ Date _____