Cradle Beach Summer Camp Application Instructions

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

Go to: https://cradlebeach.campmanagement.com/enroll. If you are a returning camper you already have an account.

Please follow the instructions to login to your family's account and apply for the 2024 camp season.

Any balance from 2023 or previous summer must be paid before enrollment will be considered for 2024.

Please Note:
Camper acceptance and placements are on a first come, first serve basis for completed application. Cradle Beach will return incomplete portions of the applications to be filled out and completed. Campers must be between ages 8 – 17 on the FIRST DAY of the requested session in order to attend camp.

A completed 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.*
- ☐ **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.*
- ☐ **Copy of Health Insurance/Medicaid Card**
- ☐ **Summer Food Services Form (Pink)**
  - MUST be completed by all families regardless of eligibility.
- ☐ **Erie County Dept. 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.

Submit Separately: (Can be submitted via fax, mail, or email)

- ☐ **Teacher/Counselor Reference Form (Green)**
- ☐ **Physical and Over-the-Counter Medication Forms (Yellow)** – Physical exam must be **within 12 months** of campers **last day** of selected session.

ALL physicals must be received 3 weeks prior to the campers scheduled session for them to be allowed to attend.

If you are applying for the FIRST time - you MUST submit a current physical with the application for camp session placement review. Your application will not be reviewed without a doctor's physical.

If you are applying for the first time and your child gets services through OPWDD, we must have a copy of the camper's life plan and your care coordinator's name, phone number and email address.

Summer Themes
(Subject to Change)

Session 1- July 1st – July 5th – Magic Camp
Session 2- July 8th – July 12th – Lost in Space
Session 3- July 15th – July 19th – Color Wars
Session 4- July 22nd – July 26th – Heroes vs. Villains
Session 5- July 28th – August 1st – Christmas in July
Session 6- August 5th – August 9th – Olympics
Session 7- August 12th – August 16th – Football Training Camp
Session 8- August 19th – August 23rd – Color Wars

What is a Pioneer Camper (PC)?

Our Pioneer Camper (PC) Program is made up of selected young adults (ages 13 – 16) with leadership qualities. PC's participate in programs separately from the summer camp population. They also "work" doing various camp related service projects and fulfilling camp needs, such as serving meals to campers, being "buddies" with younger campers, and camp program participation. PC's are able to earn community service hours throughout the session. A letter will be provided after the session confirming the number of hours served as well as the activities completed. PC's participate in age-appropriate programming in the evenings including an awards ceremony at the end of the session.

Fees:

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

There are scholarships and payment plans available. Scholarships are awarded based on need and availability. A scholarship application must be completed to be eligible. Scholarships applications are reviewed once the following is completed: summer camp application, processing fee has been received, and scholarship application is completed in full.

FEE SCALE		
	Camper	Pioneer Camper (PC)
Tier 1 - $0 - $30,000	$75	$75
Tier 2 - $30,001 - $65,000	$275	$150
Tier 3 - $65,001 - $100,000	$400	$225
Tier 4 - $100,001 - $150,000	$625	$300
Tier 5 - $150,001 and up	$875	$375

If you have any questions or need assistance or clarification, please feel free to contact us at 716.549.6307 x205.

2024 Summer Camp Application

Cradle Beach
Growth, Inspiration & Joy through every season

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

Camper Information: (Please print all information clearly)

Last Name: _____ First Name: _____Middle Initial: ___

Preferred Name: _____ Date of Birth: _____/_____/_____ Age: _____

Pronouns: _____ Gender: ☐ Female ☐ Male ☐ Prefer not to respond

Race (Optional): ☐ African American ☐ American Indian ☐ Caucasian/White
☐ Middle Eastern ☐ Native Hawaiian/Pacific Islander ☐ Asian

Ethnicity (Optional): ☐ Hispanic ☐ Non-Hispanic **Is the camper:** ☐ New ☐ Returning

Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Telephone: (_____)_____-_____

Parent/Guardian Information: (Please print all information clearly)

Parent/Guardian 1:
Name: _____

Cell Phone: (_____)_____-_____

E-mail Address: _____

Employer: _____

Work Phone: (_____)_____-_____

Parent/Guardian 2:
Name: _____

Cell Phone: (_____)_____-_____

E-mail Address: _____

Employer: _____

Work Phone: (_____)_____-_____

Session Preference

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.

1st		2nd
	Session 1 – July 1st – July 5th, 2024	
	Session 2 – July 8th – July 12th, 2024	
	Session 3 – July 15th – July 19th, 2024	
	Session 4 – July 22nd – July 26th, 2024	
	Session 5 – July 28th – August 1st, 2024	
	Session 6 – August 5th – August 9th, 2024	
	Session 7 – August 12th – August 16th, 2024	
	Session 8 – August 19th – August 23, 2024	

Transportation:

Arrival	Departure
☐ I will drive my child to camp in Angola, NY.	☐ I will pick up my child from camp in Angola, NY.
☐ My child will take the bus from West Buffalo Charter School in Buffalo, NY to camp. Will require: ☐ Wheelchair accessible bus ☐ One-on-one aide	☐ My child will take the bus to West Buffalo Charter School in Buffalo, NY from camp. Will require: ☐ Wheelchair accessible bus ☐ One-on-one aide

Camper's Name: _____ DOB: _____

Interests:

What does the child like to do?

_____

_____

What strategies are used to manage your child's challenging behaviors?

_____

_____

What promotes good behavior while at camp?

_____

_____

What does the child dislike to do?

_____

_____

What things upset the child?

_____

_____

How to they express anger or frustration?

_____

_____

Behavioral Issues: (Please check all that apply) **These behaviors will not exclude partipants from Cradle Beach.** (Information provided allows for a safe and enjoyable experience for all.)

☐ Wanders/Runs away ☐ Inappropriate Language ☐ Self Injurious Behavior ☐ Destroys Property

☐ Bites others/self ☐ Inappropriate sexual behaviors: ☐ To self ☐ To others

☐ Non-Compliant ☐ Eats Inedible Objects ☐ Collects items that do not belong to them

☐ Physically aggressive (ex: hits, kicks) ☐ Self Harm

Helpful Techniques to manage these behaviors:

Does your child have a: ☐ Life Plan ☐ BIP – Behavior Intervention Plan ☐ Safety Plan

☐ IEP – Individualized Education Plan ☐ Seizure Plan ☐ Diabetic Plan

*****ALL PLANS MUST BE PROVIDED, IF NOT APPLICATION PROCESSIGN WILL BE DELAYED*****

Camper's Name: _____ DOB: _____

Do you or anyone in the household receive any of the following services:

☐ Family Assistance Benefits ☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Child Welfare Services

Has the camper experienced:

☐ Foster Care ☐ Kinship Care ☐ Adoption

Household Information:

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

Are ther any custody issues? ☐ Yes ☐ No

Who has custody or legal guardianship of the camper? _____

Please list ALL members livinng in the household, age, and their relationship to the camper.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Education:

Classroom Type:

☐ General Education ☐ Inclusion ☐ 15:1 ☐ 12:1:1 ☐ 8:1:1 ☐ 6:1:1 ☐ Other: _____

Does your child receive counseling services: ☐ Yes ☐ No ☐ At School ☐ At Agency ☐ At Both School & Agency

Name of Counseling Agency: _____

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.) **other than yourself** to contact in case of an emergency. Please include their phone number and relationship. All emergency contacts must be over the age of 18 and have the ability to pick up camper if necessary.

Name: _____ Phone # (_____)_____ Relationship: _____

Name: _____ Phone # (_____)_____ Relationship: _____

Agency Services:

Agency: ☐ Person Centered Services ☐ Prime Care **Self Directed Services:** ☐ Yes ☐ No **Tabs #: _____**

Care Coordinator/Manager: _____ Telephone: (_____)_____

Care Coordinator/Manager's Email: _____

If Self Directed:

Fiscal Intermediary Agency: _____

Fincal Intermediary Contact Name: _____ Telephone (_____)_____

Fiscal Intermediary Email: _____

Camper's Name: _____ DOB: _____

Authorize to release medical information:

As the parent/guardian of _____, I authorize the
(Child's name)
Child's medical information and prescriptions to be released to Cradle Beach during the time the Camper attends camp.

_____
(Physician's Office)

At (_____) _____, (_____)_____
Phone Numer Fax Number

_____
(Pharmacy with address)

At (_____) _____
Phone Numer

I give the physician (listed above) and/or pharmacy permission to fax the camper'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 camper'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 camper's counselor when the medical staff, believes such communication will be in the best interest of the camper.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Parent/Guardian Medical Disclaimer Agreement
Must be signed for camper to attend summer camp

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

If emergency treatment is necessary, **I give permission for my child to be brought to 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 my child be taken to:

☐ John R. Oishei Children's Hospital ☐ ECMC ☐ Mercy Hospital ☐ Buffalo General ☐Sisters of Charity Hospital

I will provide all necessary medications and supplies needed by the child for five (5) days. However, if the child 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 child to Cradle Beach, the undersigned hereby releases any and all claims for injuries sustained by the camper 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: _____

Print Name: _____ Date: _____

Camper's Name: _____ DOB: _____

Health Insurance Information:

Please Note: ALL insurance information is requested below is **required**, as well as a copy of the child's current insurance card. If this section is not completed, it will be returned to you causing delays in processing your application.

Insurance Provider: _____ Insurance Provider Phone: _____
Insurance Group Number: _____ Insurance Policy Number: _____
Insurance Subscriber Name: _____ Subscriber Date of Birth: _____

Physical/Medical Information:

Please Note: Every child must have completed a physical dated within at least one (1) year prior to the date they plan to attend a sumer camp week. Please have your physician fill out the provided physical and over the counter 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 CHILD'S PHYSICIAN OR PHARMACY.

Physician's Name: _____
Telephone #: (_____)_____ Fax #: (_____)_____
Most recent or pending date of physical: _____
Pharmacy's Name: _____
Telephone #: _____

Has the child been hospitalized within the past three (3) years? ☐ Yes ☐ No
If yes, please explain in detail with date(s):

_____

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

- NYS law requires **all medications including Over the Counter Medications** to be dispensed only by physician's orders.
- Please include all medications, inhalers with frequency and/or nebulizer treatments.
- Any changes prior to arrival must be accompanied with current prescription.

Medication	Dosage	Times Given	Route	Reason	PLEASE LIST ANY SPECIAL WAYS TO ADMINISTER THE MEDICATION

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

1. Cradle Beach is required to be licensed by the New York State Dept. of Health.
2. Cradle Beach is required to be inspected twice yearly.
3. Inspection reports concerning camp are on file at the Erie County Dept. of Health, Rath Building , Buffalo, NY

Camper's Name: _____ DOB: _____

Allergy Infromation: ☐ Does Not Apply

General Allergies:

☐ Dust (Please specify): _____

Reaction: _____ Treatment: _____

☐ Mold (Please specify): _____

Reaction: _____ Treatment: _____

☐ Insect (Please specify): _____

Reaction: _____ Treatment: _____

☐ Animal (Please specify): _____

Reaction: _____ Treatment: _____

☐ Seasonal (Please specify): _____

Reaction: _____ Treatment: _____

☐ Other (Please specify): _____

Reaction: _____ Treatment: _____

Allergies to Medications and Medical-Related Allergies:

☐ **Allergies to Medciations (Please list all below):**

Medication: _____ Reaction: _____ Treatment: _____

Medication: _____ Reaction: _____ Treatment: _____

Medication: _____ Reaction: _____ Treatment: _____

Medication: _____ Reaction: _____ Treatment: _____

Medication: _____ Reaction: _____ Treatment: _____

Medication: _____ Reaction: _____ Treatment: _____

☐ **Latex Allergy**

Reaction: _____ Treatment: _____

☐ **Sunscreen or PABA Allergy**

Reaction: _____ Treatment: _____

☐ **Allergies to Food: (**For example: lactose, dye allergy, specific food)

Food: _____ Reaction: _____ Treatment: _____

Food: _____ Reaction: _____ Treatment: _____

Food: _____ Reaction: _____ Treatment: _____

Camper's Name: _____ DOB: _____

Disability/Diagnosis: (Check all that apply) ☐ Does Not Apply

☐ **Epilepsy/Seizure – Type of Seizure: _____ Date of Last Seizure: _____**
Frequency: _____ Emergency Medications: _____
*****Please forward seizure plan for review by our medical staff*****

☐ Apraxia of _____

☐ ADHD – Attention Deficit Hyperactive Disorder

☐ APD – Auditory Processing Disorder

☐ Asthma - ☐ Allergic Rhinitis ☐ Exercise Induced ☐ Other: _____

☐ Autism - ☐ Level 1 ☐ Level 2 ☐ Level 3

☐ Celiac Disease

☐ CP – Cerebral Palsy

☐ Diabetes ☐ Type 1 ☐ Type 2 ☐ Pre-diabetic
*****Please forward diabetic plan for reveiew by our medical staff*****
Managed by: ☐ Diet ☐ Medication ☐ Insulin Pump

☐ Down Syndrome

☐ Microcephaly

☐ Muscular Dystrophy

☐ Genetic Condition – Specify: _____

☐ GERD – Gastroesophageal Reflux Disease

☐ Hearing Disability: ☐ Partial Hearing Loss ☐ Total Hearing Loss **Use of:** ☐ Hearing Aids ☐ Cochlear Implant

☐ Heart Condition: ☐ Heart Defect ☐ Murmur ☐ Hypertension ☐ Other: _____

☐ Hydrocephalus

☐ Intellectual Disabilities

☐ Learning Disabilities – Types: _____

☐ Mental Health Concerns - ☐ Adjustment Disorder ☐ Anxiety ☐ Bipolar Disorder ☐ Depression
☐ Mood Disorder ☐ OCD – Obsessive Compulsive Disorder ☐ ODD – Oppositional Defiant Disorder
☐ Phobia - _____ ☐ PTSD – Post Traumatic Stress Disorder ☐ RAD – Reactive Attachment Disorder

☐ Schizoaffective Disorder

☐ Neurological - ☐ Tourette's Syndrome ☐ Tics ☐ Migraines ☐ Other: _____

☐ PICA

☐ Prader-Willi Syndrome

☐ Rett Syndrome

☐ Scoliosis

☐ Shunt – Type: _____ Restrictions: _____

☐ Spina Bifida

☐ TBI – Tramautic Brain Injury

☐ William Syndrome

☐ Vision - ☐ Legally Blind ☐ Nystagmus ☐ Visually Impaired **Use of:** ☐ Glasses ☐ Contacts ☐ Mobility Aid
Comments:

_____

Camper's Name: _____ DOB: _____

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 Delays ☐ Receptive Language Delays

☐ Limited Verbal

☐ Articulation Delay ☐ Speech is easily understood

☐ Responds to own name

☐ Respods to directions - ☐ One-step directions ☐ Multi-step Directions

☐ Can communicate daily needs

☐ Uses Gestures

☐ Uses Sign Language - ☐ ASL ☐ Signed English ☐ Home signs

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

☐ Uses communication board or picture symbols

☐ Other: _____

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				

Sleeping Needs/Information:

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

☐ Requires respite bed (Cradle Beach utilizes a bed with built up sides in place of bed rails) ☐ Repositioning

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

_____

Medications for sleep, such as Melatonin, cannot be given without a prescription from the physician.

Toileting Issues/Information:

Bring to the bathroom _____ times a day. ☐ Wake camper up at night. How often? _____

☐ Wets bed. How often? _____ Wears: ☐ Briefs ☐ Pull-ups (☐ At night ☐ All Day)

☐ Needs supervision in the bathroom

☐ Requires catherization – every _____ hours or other: _____

(PARENTS/GUARDIANS MUST SUPPLY BRIEFS/PULL-UPS FOR THE DURATION OF THE SESSION)

Camper's Name: _____ DOB: _____

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

Liquid Level:

☐ Thin liquids ☐ Slightly thick/nectar ☐ Mildly thick/honey ☐ Moderately thick/pudding

☐ **Uses adaptive Equipment (Please list) (All adaptive equipment should be labeled):**

_____

Eating Difficulties:

☐ Bite reflex ☐ Chewing ☐ Unable to close mouth ☐ Eats slowly ☐ Eats to fast ☐ Choking

☐ Gagging ☐ Swallowing ☐ Drooling ☐ Overstuffs mouth

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

☐ Likes: _____

☐ Dislikes: _____

Additional information on how to best assist the child during meals & snack time: _____

_____

_____

Dietary Needs:

☐ Does Not Apply

PLEASE NOTE: CRADLE BEACH IS A PEANUT/TREENUT FREE FACILITY
(THIS INCLUDES NUT MILKS SUCH AS ALMOND OR CASHEW MILK)

Please give details for any dietary needs/restrictions

☐ Gluten

☐ Casein

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

☐ Lactose Intolerant

☐ Vegetarian

☐ Food restrictions/ARFID Please list food preferences:

_____

_____

(We will try our best to have preferred foods on hand however families may bring foods they know their child will like.)

☐ Diabetic Diet (Parents/Guardians **MUST** provide suggested carb counting/substitutions provided by your physician/practitioner or dietary specialist)

☐ Ketogenic Diet (Must provide physician/practitioner or dietary specialist plan)

☐ Low Calorie _____

Is Portion Control needed? ☐ Yes ☐ No

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

Pool Usage Information:

Is your child allowed to participate in a life guard supervised time in our pool? ☐ Yes ☐ No

If No, Can you explain: _____

Please describe any concerns, restrictions, or adaptations regarding your child's time in our pool:

_____

Does the child have? ☐ Ear Tubes ☐ Ear Plugs

Program Information:

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 above-identified subject. I authorize Cradle Beach, Inc., its assigness 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 my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content. ☐ Yes ☐ No Signature: _____Print Name: _____

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 and to staff) ☐ Yes ☐ No Signature: _____Print Name: _____

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 agreed to each statement.)

☐ I give my child permission to attend Cradle Beach. He/She can participate in all recreational and educational activities except those noted as restrictions.

☐ I give Cradle Beach permission to contact my child's school or agency personnel to release information (i.e., counseling services, IEPs, BIPs, etc.)

☐ I will not hold Cradle Beach accountable for any items my child might bring to camp. (For example: clothing, money, valuables or electronic items.)

☐ I agree not to visit my child at camp. (Please notify us if a message needs to be relayed to your child.)

☐ I agree to communicate with my child **ONLY** through letters or care packages. Staff will respond to calls within a resonable amount of time. (PLEASE understand our first priority is the children we are caring for and will make every effort to communicate with you as soon as possible.)

☐ Cradle Beach reserves the right to send a child home. This could be for behavioral, medical or mental health reasons. If we cannot guarantee the safety of your child or others (including staff) your child will be sent home. If your child is being sent home; they MUST be picked up within two (2) hours.

I am aware:

☐ The $15 processing fee is non-refundable.

☐ Camp fees will NOT be returned if your child 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 camper'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 camper's arrival, my camper will forfeit their placement and be placed on the wait list until current physical is received. New placement will be determined based on availability.**

- **Completed by (print name): _____**
- **Signature: _____ Date: _____**
- **Relationship to applicant: _____**

MUST BE FILLED OUT EVEN IF YOU DO NOT QUALIFY

Cradle Beach

where children's spirits soar

• SINCE 1888 •

Summer Food Parent Letter

Cradle Beach, Inc. is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive foods stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2023-2024 income eligibility standards will be used for determining eligibility for free meals:

Income Eligibility Guidelines

Household Size	Year	Month	Twice per Month	Every Two Weeks	Weekly
1	$26,973	$2,248	$1,124	$1,038	$ 519
2	$36,482	$3,041	$1,521	$1,404	$ 702
3	$45,991	$3,833	$1,917	$1,769	$ 885
4	$55,500	$4,625	$2,313	$2,135	$1,068
5	$65,009	$5,418	$2,709	$2,501	$1,251
6	$74,518	$6,210	$3,105	$2,867	$1,434
7	$84,027	$7,003	$3,502	$3,232	$1,616
8	$93,536	$7,795	$3,898	$3,598	$1,799
For each additional family member, add	$ 9,509	$ 793	$ 397	$ 366	$ 183

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Camp and/or closed enrolled site information

Session Name & Date	Meals Available	Service Times
Session 1: 07/01/2024 - 07/05/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 2: 07/08/2024 - 07/12/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 3: 07/15/2024 - 07/19/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 4: 07/22/2024 - 07/26/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 5: 07/28/2024 - 08/01/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 6: 08/05/2024 - 08/09/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 7: 08/12/2024 - 08/16/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM
Session 8: 08/19/2024 - 08/23/2024	Breakfast, Lunch, Dinner	8:00- 9:30AM, 12:15- 2:00 PM, 6:00- 7:30PM

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk" to Cradle Beach 8038 Old Lakeshore Rd. Angola, NY 14006. This application must be filled out even if you do not qualify. If you have any questions please feel free to contact Cradle Beach Camp at (716) 549-6307 x 205.

To file a program complaint of discrimination, complete the USDA Program Discrimination Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, or 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 mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Nancy L Grimes — 1/1/2024

(Signature of Authorized Representative) (Date)

8038 Old Lakeshore Rd, Angola, NY 14006 (716) 549-6307 (716) 549-6825 (FAX)

INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: Cradle Beach Camp, 8038 Old Lakeshore Rd., Angola, NY 14006. If you need help, call Cradle Beach Camp Admissions Assistance at (716) 549-6307 ext. 205

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.
Part 2: Write FOSTER next to child's name.
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B–Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: 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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). **Skip to Part 4 if you listed a case #.**

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **Cradle Beach Camp** at **(716) 549-6307 ext. 205**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List **everyone** in household, including children)	**B. Gross income and how often it was received** *Example: $100/monthly $100/twice a month $100/every other week $100/weekly*				**C. Check if NO income**
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
2.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
3.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
4.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
5.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
6.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
7.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
8.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
9.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
10.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
11.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
12.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X_____Print name:_____Date: _____

Address:_____Phone Number:_____

Last four digits of Social Security Number: __ __ __ __ ❑ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
❑ Hispanic or Latino ❑ Not Hispanic or Latino	❑ Asian ❑ White ❑ Black or African American	❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date:_____

Erie County Department of Social Services
Assistance Packet

Instructions for Families that receive services through ECDSS

If you receive public assistance or service assistance through Erie County Department of Social Services (ECDSS) and you have a case number that starts with an "S" or "P", you might be eligible to receive funding through the county to help cover the cost of your camper's fees. Please complete the **Authorization for Release of Information by ECDSS**, attached. We will contact Erie County Department of Social Services (ECDSS) to verify if you qualify for help to cover the cost of your child's camper fee. ***You may receive notification from Erie County that your family is approved for financial coverage, that does mean they have been accepted to Cradle Beach Camp. Cradle Beach Camp Application Processing is separate from the Erie County payment process.***

Instructions for Foster Parent/Guardian with Foster Children in Erie County

The following pages are to be signed by the ECDSS Caseworker as well as Foster Parent/Guardian:

- **Authorization for Release of Information by ECDSS** (attached)
- **Summer Camp Permission Form for Foster Care Children** (attached)
- **The Summer Food Service Packet** (Pink)
- **The Medical Release of Information Form** *(Camp Application Packet - Page 4)*
- **The Permission Page** *(Camp Application Packet – Page 12)*

AUTHORIZATION FOR RELEASE OF INFORMATION
BY THE ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

Camper's Name: _____ **Date of Birth: _____**

Address: _____ _____ _____ _____
Street City State Zip

I hereby authorize the use or disclosure of my (**Public Assistance** / **Service Assistance**) information as described below. I understand that this authorization is voluntary, but is required to participate in the Erie County Department of Social Services Summer Camp Program.

Persons/organizations providing the information:

Erie County Department of Social Services
95 Franklin Street
Buffalo, New York 14202

Persons/organizations receiving the information:

Summer Camps- for the purpose of determination of eligibility for ECDSS Summer Camp Program (to pay camper's fees up to allowable amount).

CAMP NAME: CRADLE BEACH

1. Information to be released:

Verification as to whether the child applying for camp is active in a Temporary Assistance (cash welfare) case, or has a Foster Care case opened with ECDSS.

2. Purpose of the use/disclosure:

Determining eligibility for participation in ECDSS Summer Camp Program (ECDSS to pay for camp).

This authorization will expire one year after being signed.

_____ _____
Signature of parent or guardian Date

Print name of individual's personal representative _____

Relationship to camper: _____

B-5705 (3/15)

County of Erie

DEPARTMENT OF SOCIAL SERVICES

SUMMER CAMP PERMISSION FORM FOR FOSTER CARE CHILDREN

Camper's Name: _____ **Date:** _____

Case Number: _____

Caseworker's Name: _____

This form serves to give permission for the above-named foster child, who is in the care and custody of the Erie County Department of Social Services, to attend summer camp as follows:

CAMP NAME: CRADLE BEACH

SESSION DATES: ___/___/___ through ___/___/___

The above-named camper has permission to participate in all camp activities that he/she is medically approved to participate in, with the following exceptions:

- ☐ No exceptions; camper may participate in all camp activities
- ☐ Camper's photo may not appear in any promotional materials for the camp
- ☐ Special Instructions:

_____
_____
_____

In the event of an incident or emergency of any kind that would necessitate the calling of parents, the camp MUST notify the Erie County Department of Social Services immediately. The undersigned gives permission for the above-named child to receive emergency medical attention if necessary.

Signed: _____ (Guardian/Custodian)

_____ (Caseworker)

Caseworker Telephone Number: _____

B-5706 (5/16)

TEACHER REFERENCE FORM

Cradle Beach
where children's spirits soar
SINCE 1888

→ **Parent/Guardians: Please fill out this top section and give it to your child's teacher, counselor, principal, or social worker.**
This form should be mailed separately by your child's reference source.
Please do not wait for this form to send in your camper application.

Camper's Name _____ Year 20_____

Teacher's Name: _____ Teacher's Work # (____)_____

School: _____

Classroom Type: ☐ 6:1:1 ☐ 8:1:1 ☐ 12:1:1 ☐ 15:1 ☐ UG ☐ Inclusion ☐ General Education

Dear Teacher:

The following child is applying to attend Cradle Beach Camp. Campers stay overnight between 7-10 days.

Please complete this **confidential form** so our staff can assist the child to the best of our ability. Please be honest about the child's behaviors. The child's behaviors will not mean exclusion from Cradle Beach Camp.

You may also print a teacher form from our website at www.cradlebeach.org. From our home page, go to Summer Enrichment Program, select camp dates, choose teacher form.

Please mail, fax, or email this form to
Cradle Beach Admissions, 8038 Old Lakeshore Rd, Angola, NY 14006 or
Fax to (716) 549-6825 or
Email to admissions@cradlebeach.org

We have 3 cabin settings: Field, Hill, and Pioneer Camper (PC).
Please select the most appropriate setting for this child.

☐ **Field Campers:** Campers age 8-14; Children who function at grade level, have strong independent daily living skills, and will stay with the group.

☐ **Hill Campers:** Campers age 8-16; Children who have intensive physical and/ **or** intellectual needs, and /**or** might need total assistance with daily living skills and/**or** possible 1:1 supervision.

☐ **Pioneer Campers (PC's):** Campers ages 14-16; PC's should have strong independent daily living skills, demonstrate responsible behavior, leadership skills and good work ethic. Youth selected as PC's must be physically and intellectually able to perform assigned PC duties.

Thank you in advance for your assistance!

→

Camper's Name: _____

Place in the classroom:	Relationship to peers:	Relationship to teacher:	Following directions:	PC ages 14-16: demonstrate Leadership Skills:
☐ Leader ☐ Independent ☐ Friendly ☐ Follower ☐ Quiet	☐ Outgoing ☐ Several friends ☐ One friend ☐ Shy	☐ Responsive ☐ Cooperative ☐ Dependent ☐ Attention seeking ☐ Respectful of authority ☐ One to one attention needed	☐ Cooperative ☐ Testing ☐ Needs adaptation ☐ Resentful to authority	☐ Role model ☐ Teamplayer ☐ Self-motivated ☐ Takes initiative ☐ Accepts directions ☐ Willingly performs tasks

Will the child do well in a camp setting with structured activities?	Will the child choose to be part of a group or individual activities?
☐ Yes ☐ **No (if no please explain):**	☐ To be part of a group ☐ To be independent ☐ To be with a group but needs supervision ☐ Individual activities with 1:1

What kinds of activities does the child have interest in?

What activities cause anxiety or stress?

Does this child demonstrate any behaviors?		Does this student have a
☐ Wanders/runs away ☐ Non-compliant ☐ Eats inedibles ☐ Inappropriate language ☐ Inappropriate sexual behaviors ☐ Destroys property ☐ Self-injurious behaviors	☐ Hits/kicks others ☐ Bites ☐ Collects items that do not belong to them ☐ Must be supervised when around peers ☐ Self harm ☐ Inappropriate social behaviors ☐ Inappropriate conduct	☐ Behavior Intervention Plan ☐ IEP ☐ 504 Plan **Please forward copy of all applicable plans with reference letter**

Please explain any behaviors that were checked off:

Please provide us with some strategies that will help the student be successful at camp:

In the past year has the child been suspended for any amount of time greater than a week? ☐ **Yes** ☐ **No** **If Yes, please explain:**

In the past year has the child been expelled? ☐ **Yes** ☐ **No**
Did they return to school? ☐ **Yes** ☐ **No**

Information to contact you if we need any clarifications: Name: _____

Phone : _____ **Email:**_____

Title : _____ **Date**:_____

Thank you for taking the time to help us get to know this student better for a successful camp experience !

Cradle Beach
Growth, Inspiration & Joy through every season

Physical Form

Mail or fax complete forms:
Cradle Beach
8038 Old Lakeshore Rd.
Angola, NY 14006

Phone: 716-549-6307 ext. 205
FAX: 716-549-6825

Camper's Name:_____ DOB: _____ Date of Exam:_____

Physician's/Practitioner's Name:_____

Physician's/Practitioner's Phone:_____Physician's/Practitioner's Fax:_____

Please complete, sign and date all three pages and attach a copy of the most current immunizations records.
Camper's physical exam must be within 12 months of the end date of their selected camping session.

DIAGNOSIS	STATUS

Children with Down Syndrome C-Spine films are recommended.

Results: _____

Allergies	Reaction	Treatment

HT:	WT:	HR:	BP:	RR:

SYSTEM	WITHIN NORMAL LIMITS	ABNORMAL	REASON
HEENT			
NECK			
LUNGS			
HEART			
ABDOMEN			
GENITALIA			
SPINE			
EXTREMITIES			
NEURO			
SKIN			

Camper's Name:_____ DOB:_____ Date of Exam:_____

MEDICATION:

- All current medications must be listed, including any over the counter medications. Please include all reasons for giving medication

Medication	Dosage	Times Given	Route	Reason	PLEASE LIST ANY SPECIAL WAYS TO GIVE THE MEDICATION

Can this child go into a life guard supervised pool? ☐ Yes ☐ Yes – with 1-on-1 supervision/assistance ☐ No

If No, please explain:_____

Is the camper diagnosed with Seizures? ☐ Yes ☐ No Type:_____ Date of Last Seizure:_____

Does the Camper have any restrictions? ☐ Yes ☐ No

If Yes, please describe:_____

Other orders or recommendations: *(including instructions for care of skin, bowel or catheterization)*

_____

_____

NYS Health Department requires all the following information:

Physician/Practitioner Signature:_____ Exam Date:_____

Printed Name:_____ License Number:_____

Address:_____ Phone: (_____)_____

City:_____ State:_____ Zip:_____ Fax: (_____)_____

New York State Public Health Law has been amended to require that the following information be included on this camper application:

1. Cradle Beach is required to be licensed by the New York State Department of Health
2. Cradle Beach is required to be inspected twice yearly.
3. Inspection reports concerning camp are on file at the Erie County Department of Health, Rath Building, Buffalo, NY

Camper's Name:_____DOB:_____ Date of Exam:_____

Over the Counter Medication Form (OTC)

Your physician/practitioner must complete this form. If we do not receive this form your child will not be able to receive any OTC medication while at camp.

Each item must have either a yes or no checked. Please do not leave blank.

☐ Yes ☐ No - Bactine (topical) for minor wound care, first aid as needed

☐ Yes ☐ No - Triple Antibiotic Ointment (topical) for wound healing

☐ Yes ☐ No - Tylenol (oral) as directed on bottle for age /weight

☐ Yes ☐ No - Ibuprofen (oral) as directed on bottle for age / weight

☐ Yes ☐ No - Chloraseptic Spray for sore throat as needed

☐ Yes ☐ No - Cough Drops for coughing, minor throat irritation as needed

☐ Yes ☐ No - Antacid Tablet (oral) for stomach discomfort

☐ Yes ☐ No - Miralax (oral) laxative as directed on bottle for age /weight

☐ Yes ☐ No - Benadryl (oral) for swelling, hives, allergic reaction as directed on bottle for age /weight

☐ Yes ☐ No - Loratidine (oral) for seasonal allergy symptoms, as directed on bottle for age / weight.

☐ Yes ☐ No - Calamine Lotion or Cortaid (topical) for insect bites / bee stings

☐ Yes ☐ No - Visine / Murine Plus Eye Drops (topical in eye) for minor eye irritation

☐ Yes ☐ No - Sunscreen

☐ Yes ☐ No - Insect / Bug Repellent

☐ Yes ☐ No - Other (please describe):_____

I hereby authorize that the following medications that have a "yes" box checked may be given to the above named child at Cradle Beach Camp after nursing assessment.

Physician/Practitioner Signature:_____

Print Name:_____Date:_____