

2021 DSAWT CAMP IMAGINARIUM

A two-week summer camp for children & young adults with Down syndrome ages 5-22.

Dates: M-F June 7 – June 11
M-TH June 14 – June 17

Time: 9am – 3pm
* campers should arrive between 8:30 – 9:00
* see information below for extended hours for aftercare

Location: Camp Clark Williamson, the Lodge building
390 Mason Road
Humboldt, TN (located at Three Way)

Cost : NEW Tier Pricing for 2021 only

Every year, our camp fees are subsidized by donations and fundraising throughout the year. Our normal camp fees are significantly less than our actual cost and below what most other camps charge. With fundraising and donations each year, we have been able to keep camp fees lower to help families. We believe that everyone should have an opportunity to come to camp. This year, we realize that the pandemic may have affected families financially and want to give campers every opportunity to come and enjoy camp. With tiered pricing, families can select a level of payment most appropriate for their family circumstances this year. The tiered pricing is based on the honor system and your payment selection will be kept confidential.

Tier 1 - \$200 for both weeks of camp - For families who are blessed to be able to pay first tier pricing

Tier 2 - \$100 for both weeks of camp - For families that need a little assistance with camp this year

Tier 2 - \$50 for both weeks of camp - For families with a significant impact this year and need additional assistance

***Extended hours for aftercare** – for working parents that are not able to pick up at 3:00.

Hours: 3pm – 4pm

Cost : Additional \$50

Must be pre-registered for aftercare. Must arrive for pick up by 4:00.

To better serve each camper, the DSAWT requires a copy of the most recent IEP and behavior plan (if applicable) with registration.

*** Registration, payment, & IEP deadline- Must be received by May 31st**

2021 Camp Imaginarium

At Camp Imaginarium, we offer a variety of recreational experiences that integrate learning and creativity through arts & crafts, indoor & outdoor games and activities, music, and more. It's a fun-filled camp of building friendships and learning new social skills.

Camp Imaginarium is for campers ages 5–22 with Down syndrome

- able to follow instructions, work individually and in small groups

- not be a danger to themselves or to others

Staff will work with the campers and family members to resolve any behavior issues. If behavior issues cannot be resolved, the DSAWT has the option to remove campers from the program

***NEW COVID GUIDELINES**

Only 1 person can enter the building with the camper. Staff will perform temperature checks on everyone as they enter the building. Anyone with a temperature of 100 or higher cannot remain in the building. Masks are required for anyone entering the building, including campers. We will be practicing social distancing at camp. Masks will be worn at all times except while eating, activities outside, and swimming. Additional sanitizing and cleaning will be done throughout the day. Masks and gloves will be worn by staff while preparing food. We will be following the CDC guidelines for exposures and quarantine explained below. If you have any questions, please contact Debbie Riffle 731.499.1065 or d25riffle@gmail.com

Who needs to quarantine? People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months and symptom free or people who are fully vaccinated and symptom free.

- People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.
- People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.
- People who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been fully vaccinated against the disease and show no symptoms.

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

Steps to take

Stay home and monitor your health

- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19

Camp Location

Camp Clark Williamson is located on 116 wooded acres in northern Madison County, only 8 miles from Interstate 40. It includes wooded hills, a lake, pavilions for picnics, and large open grassy areas for outdoor games and exploration. We will be swimming in the pool with lifeguards on duty. We will NOT be participating in lake activities.

Since we have plenty of room for camp, both the younger age group and older age group will be attending camp during the same dates as listed. **All campers will meet at The Lodge in the mornings and each group will go to their separate locations from there.**

Things to bring – Campers should bring a bag or backpack every day that includes a complete change of clothes, swimsuit, towel, bug spray, and sunscreen. Masks are required. Everything should be labeled with the camper's name.

Lunch and snacks are provided for each camper, unless they require a special diet. Please notify us in writing of any allergies.

Things to return – Deadline to receive May 31st

- Camp Registration form
Pages 4-6
- Current IEP and behavior plan (if applicable)
- Camp payment

2021 CAMP IMAGINARIUM REGISTRATION FORM

CAMPER INFORMATION

Name _____

Address _____

Birth Date: _____ M/F _____

Current School _____ Last Grade Completed _____

FAMILY INFORMATION

Parent/Guardian #1 _____

Address (if different from camper) _____

Home Phone _____ Cell _____

E-mail: _____

Parent/Guardian #2 _____

Address (if different from camper) _____

Home Phone _____ Cell _____

E-mail: _____

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY

Name _____ Cell _____

Relationship to Camper _____

HEALTH HISTORY

Has camper had Covid-19? If yes, date of diagnosis _____

Has camper had Covid vaccination? _____

Does camper have any allergies? _____ If yes, please specify

Any history of seizures? _____ If yes, last seizure date _____

List any medications below – use the back of this page if you need additional space
Medications are not administered at camp.

Medication name	Dosage in milligrams	Frequency	Reason for medication
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Are there side effects from medication the staff should know about? _____ If yes, explain

List any home dietary modifications (i.e. diabetes, lactose intolerance, celiac disease, gluten free diet, allergies)?

Please list any physical, emotional, or behavioral limitations. Please provide information that will help the camp staff meet the needs of the camper.

Any history of respiratory or digestive problems? _____ If yes, explain

Please list any personal needs that your camper may have during camp

Name & phone # of primary physician or clinic:

MEDICAL INSURANCE INFORMATION

Insurance Company Name _____

Group # and Policy # _____

Name of Policyholder _____

Medicare # _____ Medicaid # _____

Registration, payment, & IEP must be received by May 31st

For questions & information, please contact Debbie Riffle at 731.499.1065

REGISTRATION FORM, PAYMENT & IEP CAN BE MAILED OR EMAILED TO:

Mail: Debbie Riffle
DSAWT
129 Jim Bob Scruggs Rd
Humboldt, TN 38343

Email: dsawt321tn@gmail.com

CAMP PAYMENT CAN BE PAID BY CHECK OR CREDIT CARD

_____ I am paying by check (please enclose check payable to DSAWT)

_____ I am paying by credit card (complete information below)

Cardholder Name _____

Mailing Address including zip _____

* **Credit card information** _____ **Visa** _____ **Mastercard**

Card # _____ **3 digit security code** _____ **Exp Date** ____/____

Please note * There is an additional \$10 fee to process credit or debit card payments**

Amount authorized to charge \$ _____

Signature _____