October 2026

Dear Cradle Beach Families and Agency Representatives,

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

*****NEW FOR 2027. SUMMER CAMP WILL BE OPEN TO ANYONE OVER THE AGE OF 8, WITH NO UPPER AGE LIMIT. ADULT CAMPERS ARE WELCOME, AND CABINS WILL BE AVAILABLE FOR ADULTS WITH DEVELOPMENTAL DISABILITIES THROUGHOUT THE SUMMER. CABINS WILL BE ASSIGNED BASED ON AGE AND SUPPORT NEEDS*****

Go to: https://cradlebeach.campmanagment.com/enroll. If your family has attended in previous years, your account already exists. Please log in using your existing credentials. If you do not know your login in information please reset your password using your email. Creating duplicate accounts may delay enrollment. New families should create an account and follow the prompts to apply for the 2027 camp season. **Only one application is needed per participant for all Cradle Beach programming.**

Timeline:

Application Due Date: February 1, 2027 (Completed applications received by this date will be guaranteed at least one summer camp session and/or one weekend respite. Applications will still be accepted after February 1st, however enrollment will be based on availability.

All Necessary Paperwork for Attendance Due: May 28, 2027 (i.e., physical, teacher form, food form)

Tuition Due Date: May 28, 2027

Camp fees will be evaluated and set at the time of enrollment. The financial aid application must be received with the completed summer camp application if requesting assistance with the camp fee. Completion of the financial aid application does not guarantee a campership or tuition assistance. **If your child is eligible through OPWDD no fees will be assessed for any programming.**

All camp fees **MUST** be paid by May 28, 2027. Cancellation will only be refunded with written communication at least two weeks prior to the camper's arrival date. Processing fees are non-refundable.

Please Note:

Participants' acceptance and placements are on a first come, first served basis for completed applications, with all necessary documents. Cradle Beach will return incomplete portions of the applications to be filled out and completed before participants will be enrolled.

Criteria for Respite Program:

- Participants must be 8 years of age or older and have a documented developmental disability through OPWDD.
- Participants must live at home with family or legal guardian. Individuals living in group homes or other residential facility do not qualify for this program.
- Participants must live in one of the following counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates, Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego.

OPWDD required documents-

*****Please work with your Care Coordinator to ensure all required paperwork is submitted.*****

- Documented negative TB test occurring within a year prior to their respite weekend or documentation of refusal of TB test and fit for participation in programming.
- Life Plan with Cradle Beach listed as a respite provider.
- NOD09/Budget
- LCED

Criteria for Summer Camp Program:

- Our summer camp program is fully inclusive – children with and without disabilities attend together and are placed in cabins according to their level of support needs.
- Participant must be at least 8 years old on the **FIRST DAY** of the requested session in order to attend.
- Participants must have a current physical examination, current medication orders, and prescription form and physician approved over the counter medication form (OTC Form)
- Physical exam and medication documents must be within 12 months prior to participant's last day of selected session.

If your participant will be attending both programs please follow the application requirements for summer camp.

A completed respite application MUST include:

- ☐ **Application booklet – all pages completed**
- ☐ **Copy of Health Insurance Card**
- ☐ **Summer Food Services Form (PINK)**
  - Please complete if individual is under 21 years of age.
- ☐ **Life Plan**
- ☐ **Physical and Over-the-Counter Medication Forms (Yellow)** – Physical exam must be within 12 months prior to participant's last day of selected session.

A completed summer application MUST include:

- ☐ **Application booklet – all pages completed**
- ☐ **$20 processing fee** – Check, Money Order, or Credit Card (Please, no cash payments). Applications will be processed once a processing fee is received. (No processing fee is required for those receiving services through OPWDD)
- ☐ **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. (Not required for those receiving services through OPWDD)
- ☐ **Copy of Health Insurance Card**
- ☐ **Summer Food Services Form (PINK)**
  - Must be completed by all families regardless of eligibility.
- ☐ **Erie County Department 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
- ☐ **Teacher/Counselor Reference Form (Green)** – NEW PARTICIPANTS
- ☐ **Physical and Over-the-Counter Medication Forms (Yellow**) – Physical exam must be within 12 months of participants last day of selected session.

Tips for Completing Your Application Successfully:

1. **Answer Every Question** – Incomplete applications cannot be processed. Your answers also help us better understand and serve your participant(s) or camper(s).
2. **Submit the Summer Food Form** - This form is required, even if you do not think it applies to you.
3. **Do Not Wait** – Please submit your application as soon as you are able so we can begin processing. We will follow up for the additional paperwork (i.e., physicals, teacher forms, etc.).
4. **Include the Processing Fee** – Applications without the required fee cannot move forward.
5. **Review Before Submitting** – Take a few minutes to look over your application to make sure everything is clear, complete, and signed.
6. **Submitting Documents** – All forms and documents can be uploaded through your online account or mailed to Cradle Beach at 8038 Old Lakeshore Road, Angola, NY 14006.

Respite Themes
(Subject to Change)

Respite 1- January 22nd – 24th, 2027 – Winter Olympics
Respite 2- February 5th – 7th, 2027 – Valentine's Day
Respite 3- February 17th – 19th, 2027 – Valentine's Day (PLEASE NOTE THIS IS FROM WEDNESDAY TO FRIDAY)
Respite 4- February 19th – 21st, 2027 – Super Bowl Post Party
Respite 5- March 19th – 21st, 2027 – Spring
Respite 6- April 2nd – 4th, 2027 – Spring
Respite 7- April 16th – 18th, 2027 – Earth Day
Respite 8- April 30th – May 2nd, 2027 – Camp/Adventure
Respite 9- May 14th – 16th, 2027 – Prom
Respite 10 – August 23rd – 25th, 2027 – Camp Rewind (PLEASE NOTE THIS IS FROM MONDAY TO WEDNESDAY)
Respite 11 – September 24th – 26th, 2027 – Fall
Respite 12 – October 8th – 10th, 2027 – Harvest Fest
Respite 13 – October 22nd – 24th, 2027 – Halloween
Respite 14 – November 5th – 7th, 2027 – Scavenger Hunt
Respite 15 – November 19th – 21st, 2027 – Thanksgiving
Respite 16 – December 3rd – 5th, 2027 – Holidays
Respite 17 – December 17th – 19th, 2027 – Holidays

Summer Themes
(Subject to Change)

Session 1 – June 28th – July 2nd, 2027 – Game Week
Session 2 – July 5th – July 9th, 2027 – Color Wars
Session 3 – July 12th – July 16th, 2027 – Splash Week
Session 4 – July 19th – July 23rd, 2027 – Fantasy Week
Session 5 – July 25th – July 29th, 2027 – Christmas in July
****Please note session 5 starts on Sunday and ends on Thursday****
Session 6 – August 2nd – August 6th, 2027 – International Week
Session 7 – August 9th – August 13th, 2027 – Halloween
Session 8 – August 16th – August 20th, 2027 – Decades Week
Session 9 – August 23rd – August 27th, 2027 – Camp Rewind

*******All sessions will be open to campers ages 8 and up, with no upper age limit. Adult campers are welcome, and cabins will be available for adults throughout the summer.*******

Please note that Sessions 1, 8, and 9 are the most sought-after sessions. Therefore, campers will only be enrolled in ONE of these preferred sessions and may be enrolled in a second preferred session based on availability.

Cabin Types:

Cradle Beach provides an inclusive camp environment where all campers participate in programming together throughout the day, regardless of support level or cabin assignment. Cabin assignments are made by camp staff based on staffing availability and the individual support needs of each camper. Housing requests may be submitted in writing and will be considered by camp staff based on availability, staffing and the needs of all campers. Requests for friends/family to be placed in cabins together must be submitted by both parties.

High Support Needs: Campers in this group receive a higher level of counselor support, with a typical ratio of 2 campers to 1 counselor (or higher if needed). Cabin sizes average 10 campers and 6 counselors. Counselors assist with daily living skills such as showering, toileting, transferring from a wheelchair, and other personal care needs. 1:1 assistance is available; however, spots fill quickly due to high demand.

Lower Support Needs: Campers in this group are more independent. Counselors provide verbal prompts and guidance, but not physical assistance, for daily living skills. The typical ratio is 4 campers to 1 counselor with cabins averaging 13 campers and 4 counselors.

Pioneer Campers: Independent teenage campers who demonstrate leadership qualities. Cabins typically include 16 campers and 3 counselors. PCs participate in leadership development activities and service-based programming during their stay.

What is a Pioneer Camper (PC)?
Our Pioneer Camper (PC) Program is designed for selected teenagers ages 13–17 who demonstrate leadership qualities and a strong interest in contributing to camp life. PCs participate in programs separate from the general summer camp population and take part in a variety of camp service projects.

These projects may include serving meals to campers, assisting with camp activities, acting as “buddies” to younger campers, and helping meet other camp needs. PCs can earn community service hours throughout their session. After camp, each participant will receive a letter confirming the number of hours served and a summary of completed activities.

In addition to their service work, PCs enjoy age-appropriate evening programming, including recreational activities and a special awards ceremony at the end of the session.

We do not share information about fellow cabin mates with families out of respect for each camper’s privacy.

- If you would like to exchange information so campers can stay in touch we will pass it along to their families.
- We do not field questions about the placement or needs of other campers who are not in your family.

If you have questions about your child’s placement in a cabin or support level we ask that you reach out before the start of the session, as once bunks are filled, moving may not be an available option.

Respite Housing:

Respite accommodations are assigned based on staffing and availability. Respite participants may share bedrooms or cabins with individuals of the same gender. All buildings are insulated and heated during the winter months. Pathways are well-lit and kept clear of snow and other debris to ensure safe access. Respite participants are accompanied to and from their assigned buildings, and overnight staff conduct night watch to monitor cabins and bedrooms and help ensure respite participant’s safety.

Requests for friends/family to be placed in cabins together must be submitted by both parties. Requests to bunk in specific buildings or cabins may be made but are determined based on the needs of all respiteers and are not guaranteed.

Fees:
Camp fees are on a sliding scale based on gross household income.

There are scholarships and payment plans available. Scholarships are awarded based on need and availability. A scholarship application must be completed to be eligible. Scholarship 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		
GROSS HOUSEHOULD INCOME	**CAMPERS**	**PIONEER CAMPERS (PC)**
Tier 1 - $0 - $30,000	$80	$80
Tier 2 - $30,001 - $60,000	$180	$90
Tier 3 - $60,001 - $90,000	$280	$140
Tier 4 - $90,001 - $120,000	$405	$200
Tier 5 - $120,001 - $150,000	$630	$315
Tier 6 - $150,001 - $200,000	$755	$375
Tier 7 - $200,001 and up	$880	$440

Fees are assessed at the time of enrollment. All fees are due May 28, 2027.

Payment can be made on your camper's online account or by calling (716) 549-6307 ext. 203. Payment must be made by credit card, check or money order. Please note cash payments are not accepted.

If payment is not received by the due date, the camper/s will be disenrolled and placed on the waitlist until all outstanding fees are received. Payment of fees does not guarantee that a camper will be reinstated or that placement will be available.

Cradle Beach
Growth, Inspiration & Joy through every season

2027 APPLICATION

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

Applicant Information: (Please print information clearly.)
Please complete every section of the application. Answer all questions, even if they seem not applicable, so we can understand your participant's needs and provide the appropriate support for a successful experience.

Last Name: _____ First Name:_____ Middle Initial: _____

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

Pronouns: _____ Gender: _____Male _____Female _____Prefer not to answer

Race (Optional): _____African American _____American Indian _____Caucasian/White
_____Middle Eastern _____Native Hawaiian/Pacific Islander _____Asian

Ethnicity (Optional): _____Hispanic _____Non-Hispanic Is the applicant: _____New _____Returning

Address: _____ City: _____State: _____ Zip Code: _____

County: _____ Telephone: (_____)_____-_____

Parent/Guardian Information:

Guardian 1:
Name: _____

Relationship: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Parent Employer: _____

Guardian 2:
Name: _____

Relationship: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Parent Employer: _____

Respite Date Preferences: Please place a #1, #2, #3 in front of dates for your first respite weekend preference and #1, #2, #3 behind dates for your second respite weekend preference. A second weekend is not guaranteed and will be determined based on availability.

1st	Date	2nd		1st	Date	2nd
	January 22nd – January 24th, 2027				May 14th – May 16th, 2027	
	February 5th – February 7th, 2027				August 23rd – August 25th, 2027	
	February 17th – February 19th, 2027				September 24th – September 26th, 2027	
	February 19th – February 21st, 2027				October 8th – October 10th, 2027	
	March 19th – March 21st, 2027				October 22nd – October 24th, 2027	
	April 2nd – April 4th, 2027				November 5th – November 7th, 2027	
	April 16th – April 18th, 2027				November 19th – November 21st, 2027	
	April 30th – May 2nd, 2027				December 3rd, 2027 – December 5th, 2027	
	May 14th – May 16th, 2027				December 17th – December 19th, 2027	

Summer Camp Session Preferences: 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	Date	2nd
	Session 1 – Monday, June 28th – Friday, July 2nd, 2027	
	Session 2- Monday, July 5th – Friday, July 9th, 2027	
	Session 3- Monday, July 12th – Friday, July 16th, 2027	
	Session 4- Monday, July 19th – Friday, July 23rd, 2027	
	Session 5- **Sunday,** July 25th – **Thursday,** July 29th, 2027	
	Session 6- Monday, August 2nd – Friday, August 6th, 2027	
	Session 7- Monday, August 9th – Friday, August 13th, 2027	
	Session 8- Monday, August 16th – Friday, August 20th, 2027	
	Session 9- Monday, August 23rd – Friday, August 27, 2027	

Transportation: (Transportation is not available for respite)

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 Buffalo, NY to camp. Will require: ☐ Wheelchair accessible bus ☐ One-on-one aide	☐ My child will take the bus from camp to Buffalo, NY. Will require: ☐ Wheelchair accessible bus ☐ One-on-one aide

Education/Program:

Classroom Type: _____ UG: _____

School/Program Name: _____

Does your child receive counseling services? _____Yes, at school _____Yes, at agency
_____Yes, at school and agency _____No

Name of counseling agency**:** _____

Household Information:

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

Are there any custody issues? _____

Who has custody or legal guardianship of the participant: _____

Please list ALL members living in the household, age, and their relationship to the Participant.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Interests:

What does the participant like to do?

_____

_____

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

_____

_____

What promotes good behavior while at camp?

_____

_____

What does the participant dislike to do?

_____

_____

What things upset the participant?

_____

_____

How do they express anger or frustration?

_____

_____

Does the participant have behavioral issues?	_____Yes	_____No
Does the participant have a Life Plan? (If yes, please provide a copy)	_____Yes	_____No
Does the participant have a BIP – Behavior Intervention Plan? (If yes, please provide a copy)	_____Yes	_____No
Does the participant have a Safety Plan? (If yes, please provide a copy)	_____Yes	_____No
Does the participant receive assistance from an Agency Service? (i.e., Person Centered Services or Prime Care)	_____Yes	_____No
Is the participant eligible to attend Extended School Year (ESY)?	_____Yes	_____No

If yes, what are the hours they are scheduled to attend: _____

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.) to contact in case of an emergency. **PLEASE DO NOT LIST YOURSELF AS THE EMERGENCY CONTACT WE WILL ALWAYS TRY TO CONTACT PARENTS/GUARDIANS FIRST.** Please include the emergency contact's phone number and relationship. All emergency contacts must be over the age of 18 and have the ability to pick up the participant if necessary.

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

Doctor Information:

Doctor Name: _____ Phone #: _____

Insurance:

Insurance Provider: _____ Insurance Provider Phone: _____

Insurance Group Number: _____ Insurance Policy Number: _____

Insurance Subscriber Name: _____ Insurance Subscriber Date of Birth: _____

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

- ☐ This participant will not take any daily medications while attending camp/respite.
- ☐ This participant will take the following daily medication(s) while at camp/respite.
- NYS law requires **all medications including over-the-counter medications** to be dispensed only by physician's order. This includes melatonin, daily vitamins, and daily allergy medications.
- A diabetes management plan must be provided for any participant who requires insulin administration, blood glucose monitoring or other diabetes-related care.
- Please include all medications, inhalers with frequency and/or nebulizer treatments.
- Any changes prior to arrival must be accompanied with current prescription.
- All medications must be in their original container with label showing the participant's name and how the medication should be given. Provide enough of each medication to last the entire time the participant will be at camp.

Name of Medication	Dosage	Reason for Taking	How it is Given	When it is given	
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)
				☐ Breakfast ☐ Lunch ☐ Dinner	☐ Bedtime ☐ Other: _____ ☐ PRN (as needed)

Allergies: ____No known allergies. This participant is allergic to: ____Food _____Medicine ____Environment ____Other
(Please describe below what the participant is allergic to and the reaction seen.)

_____

_____

_____

Participant has an Epi-pen _____yes, for _____ _____no

Notes: _____

_____

_____

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.
Has/does the participant:

1. Ever been hospitalized? _____Yes _____ No
2. Have recurrent/chronic illnesses? _____Yes _____ No
3. Had a recent injury? _____Yes _____ No
4. Have diabetes? _____Yes _____ No
5. Had headaches? _____Yes _____ No
6. Had fainting or dizziness? _____Yes _____ No
7. Had mononucleosis ("mono") during the past 12 months? _____Yes _____ No
8. Have problems with falling asleep/sleepwalking? _____Yes _____ No
9. Have a history of bedwetting? _____Yes _____ No
10. Have any skin problems? _____Yes _____ No
11. Ever had surgery? _____Yes _____ No
12. Had a recent infectious disease? _____Yes _____ No
13. Had asthma/wheezing/shortness of breath? _____Yes _____ No
14. Had seizures? _____Yes _____ No
15. Wear glasses, contacts or protective eyewear? _____Yes _____ No
16. Passed out/had chest pain during exercise? _____Yes _____ No
17. Have problems with periods/menstruation (if applicable)? _____Yes _____ No
18. Ever had back/joint problems? _____Yes _____ No
19. Have problems with diarrhea/constipation? _____Yes _____ No
20. Traveled outside the country in the past 9 months? _____Yes _____ No

Please explain "Yes" answers in the space below, noting the number of the questions.

_____

_____

_____

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.
Has the participant:

1. Ever been treated for attention deficit/hyperactivity disorder (ADHD)? _____ Yes _____No
2. During the past 12 months, seen a professional to address mental/emotional health concerns? _____Yes _____No
3. Ever been treated for emotional or behavioral difficulties or an eating disorder? _____Yes _____No
4. Had a significant life event that continues to affect the participant's life? _____ Yes _____No
   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below.

_____

_____

_____

Diagnosis: Please list all disabilities/diagnoses:

_____

_____

_____

Epilepsy/Seizures:_____

Date of last seizure: _____ Type: _____

Frequency of seizures: _____ Emergency medications prescribed: _____

How do they present: _____Average length of seizure: _____

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 delay _____Receptive language delay
_____Limited verbal
_____Articulation delay _____Speech is easily understood
_____Responds to own name
_____Responds 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 participant) – Type: _____
_____Uses communication board or picture symbols
_____Other/Notes: _____

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				

Additional Information: _____

_____

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

_____

Toileting Information:
Bathroom frequency during the day: _____
_____Wakes at night for bathroom. How often? _____
_____Wets bed. How often? _____
_____Wears briefs. _____Wears pull-ups
_____Needs supervision in the bathroom.
_____Requires catheter. If yes, frequency and any additional information: _____

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
_____ Chopped- What size? _____ _____ G-Tube

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 _____Difficulty chewing _____Unable to close mouth _____Eats slowly
_____ Eats too fast _____Choking _____ Gagging _____Difficulty swallowing
_____ Drooling _____Overstuffs mouth _____ Pockets food
Needs help with positioning during meals (be specific): _____
_____

Likes: _____
Dislikes: _____

Dietary Needs:

_____ Gluten Free _____Casein Free _____Lactose Intolerant _____Vegetarian
_____ Food restrictions/ARFID _____Portion Control _____No Pork

*****While Cradle Beach carries gluten, casein and preferred foods, we ask that any special brands or unique items that the participant prefers be provided. All items will be labeled and checked in with the kitchen staff*****

Additional information for mealtime: _____
_____

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

Mental Health:

_____ Entered a residential treatment living facility _____ Exited a residential treatment living facility
_____ Experienced suicidal ideation _____ Attempted suicide
_____ Had a recent traumatic event _____ Had a recent mental health event
_____ Had a safety plan created by an agency/hospital
_____ Has run away or been reported missing in the past year
_____ Had involvement with law enforcement in the past year (directly or indirectly)

Any further details or comments: _____
_____
_____

Behavioral Concerns

_____ Wanders/Runs away _____ Inappropriate Language _____ Self-Injurious Behaviors
_____ Destroys Property _____ Bites others/self _____ Inappropriate sexual behaviors to self
_____ Inappropriate sexual behaviors to others _____ Non-compliant
_____ Eats inedible objects _____ Collects items that do not belong to them.
_____ Physically aggressive (ex.: hits/kicks/bites/punches) _____ Self harm
Helpful techniques to manage these behaviors: _____

_____

Check if you receive any of the following county assistance programs:

_____ Family Assistance Benefits _____ Food Stamps
_____ Child Welfare Services _____ Foster Care
_____ Kinship Care _____ Adopted

Complete for OPWDD- Prime Care and Person Centered Services

Agency Name (Circle One): Prime Care Person Centered Services LifePlan CCO Southern Tier Connect

TABS#: _____

Do you have a self-directed budget? _____ Yes _____ No

Care coordinator/Manager name: _____

Care coordinator/manager telephone number: _____

Care Coordinator/Manager Email: _____

If self-directed- Please complete the below questions:

Fiscal Intermediary Agency: _____

Fiscal Intermediary Contact Name: _____

Fiscal Intermediary Telephone Number: _____

Fiscal Intermediary Email: _____

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

Pool Usage Information:

Can the participant participate in a lifeguard supervised time in our pool? _____ Yes _____ No
Participants with 1:1 support will be paired with a dedicated staff member in the pool. Participants with specific medical needs will also be provided with appropriate support and supervision as needed.

If no, can you explain: _____

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

_____

Program Information:

Cradle Beach does programming during camp that celebrates different holidays, festivals, birthdays, , and events.
Can the participant participate in programming celebrating different holidays, festivals, birthdays, and events?
_____ Yes _____ No

If no, please explain: _____

Release:

I grant to Cradle Beach, Inc., its representatives and employees the right to take photographs and/or video of the participant and their property during respite and/or summer camp. I authorize Cradle Beach, Inc., its assignees 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 their name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content. _____ Yes _____ No _____Initials

I grant to Cradle Beach, Inc., the right 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 participant is attending the respite weekend or summer camp, and to staff). _____ Yes _____ No _____ Initials

Authorize to Release Medical Information:

As the parent/guardian of: _____

I authorize the participant's medical information and prescriptions to be released to Cradle Beach, Inc. during the time participant attends respite and/or summer camp.

Physician's Office: _____ Phone Number: _____
Fax Number: _____
Other Prescribing Physician/Specialist: _____
Phone Number: _____ Fax Number: _____
Pharmacy: _____ Phone Number: _____

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

Parent/Guardian Signature: _____ Date: _____

Medical Disclaimer Agreement:

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

If emergency treatment is necessary, I give permission for the participant to be brought to John R. Oishei Children's Hospital or 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 the participant be taken to: _____

I will provide all necessary medications and supplies needed by the participant for the time they are attending programming. However, if the participant 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. I understand that Cradle Beach will bill me directly if there is no medical insurance. In consideration of admission of this participant to Cradle Beach, I hereby release any and all claims for injuries sustained by the participant in going to or coming from Cradle Beach, or while at Cradle Beach, and I consent to hospital or medical care if needed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Commitment:

(Please check all the boxes on the left to show that you have read and agree to each statement.)

- ☐ I give the participant permission to attend Cradle Beach. They can participate in all recreational and educational activities except those noted as restrictions.
- ☐ I give Cradle Beach permission to contact the participant'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 participant might bring to camp. (For example: clothing, money, valuables, or electronic items.)
- ☐ I agree not to visit my participant at camp. (Please notify us if a message needs to be relayed to your participant.)
- ☐ I agree to communicate with my participant ONLY through letters, care packages, or emails (through Campsite system). Staff will respond to calls within a reasonable amount of time. (PLEASE understand our first priority is the participants we care for and we will make every effort to communicate with you as soon as possible.)
- ☐ Cradle Beach reserves the right to send a participant home. This could be for behavioral, medical or mental health reasons. If we cannot guarantee the safety of your participant or others (including staff) your participant will be sent home. If your participant is being sent home; they MUST be picked up within two (2) hours.

I am aware:

- ☐ The $20 processing fee is non-refundable.
- ☐ Camp fees will NOT be returned if your participant is sent home early or leaves early.
- ☐ Cancellation refunds for camp fees must be requested in writing from the parent/guardian two weeks prior to the participant'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 participant's arrival, my participant will forfeit their placement and be placed on the wait list until current physical is received. New placement will be determined based on availability.
- ☐ Cradle Beach recognizes that families may utilize Angelsense or similar devices to ensure the safety of their participant. Families are required to notify Cradle Beach in advance if a participant will be using such a device while attending the program. To protect the privacy of all participants and staff and to comply with applicable state wiretapping and privacy laws, all audio monitoring, listening and recording features must be completely disabled while the participant is at Cradle Beach.
- ☐ For the safety and security of participants, staff and visitors, please be advised that surveillance equipment, including video cameras and audio recording devices, may be in use in designated public and common areas. Surveillance is not conducted in areas where privacy is reasonably expected such as bathrooms, changing areas, bedrooms, etc.

Completed by (print name): _____

Signature: _____

Date: _____

Relationship to applicant: _____

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