

SPECIALIZED PROGRAMS SUMMER 2019

YOUTH SUMMER CAMP



NEW THIS YEAR! Mail-in registration process



Seattle
Parks & Recreation
healthy people healthy environment strong communities



EXPLORE MORE!

www.seattle.gov/parks

GENERAL INFORMATION

WHERE TO FIND US



Specialized Programs

4554 NE 41st St., Seattle, WA 98105

206-684-4950

www.seattle.gov/parks/find/specialized-programs

PARKS MANAGEMENT

Christopher Williams, Acting Superintendent

Katie Gray, Interim Recreation Director

Brenda Kramer, Manager, Special Units

RECREATION STAFF

Kyle Bywater, Coordinator, Specialized Programs

Linda Guzzo, Administrative Specialist 1

Jill Ellison, Youth Recreation Specialist and Camp Director*

Savannah Seiple, Recreation Leader

*For inquiries prior to the start of camp, please call

(206) 615-0140.

LOOKING FOR SOMETHING REWARDING TO DO?

VOLUNTEER WITH SPECIALIZED PROGRAMS!

Work with participants to help make their recreational experience enjoyable. We are looking for volunteers, 18 years and older, to share their time in assisting with our sports programs, youth after school activities, cooking, and social programs.

INCLEMENT WEATHER POLICY

If Seattle Public Schools are closed, our programs will also be cancelled. For further information, please call the Specialized Programs Office at 206-684-4950 before venturing out to our programs.

DISCLAIMER

Although we strive to be accurate, this brochure is published for information purposes only. Changes may be necessary to the content depending on levels of participation or other factors. Fees may change after printing and after City Council action on the City budget each year. Please visit www.seattle.gov/parks for updated information.

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VIRTUAL Q&A WITH THE CAMP DIRECTOR

Monday, June 3
6-6:40 p.m.

The Specialized Programs youth summer camp director will provide an overview of what can be expected on a typical day of overnight or day camp. Bring your questions, whether your child has gone to camp many times, or if this will be their first time attending!

To participate, please **visit [zoom.com](https://zoom.us)** and enter the meeting **ID: 936 078 283**

You may also **call 1-408-638-0968** and enter the meeting ID.

PAYMENT AND FINANCIAL SUPPORT

PAYMENT OPTIONS



- Payments for classes can be made by credit card-**OR**-by check.
- If paying by check, please make it payable to: **City of Seattle** and include it with your mail-in registration forms. You may pay only the deposit for each camp requested at time of registration, or the full camp balance.
- **Mail check to:** Specialized Programs, Attn: Linda, 4554 NE 41st Street, Seattle, WA 98105
- **Note:** For Teen Extreme, please bring cash on the day of the outings as fees are paid directly to the vendor/site, unless otherwise noted.

DDA RESPITE FUNDING

If you have DDA Respite Care we will apply it toward program registration fees.

Please include the name of your Case Manager, their phone number and email address with your registration forms. Please note that DDA funds do not apply toward field trips where participants bring cash with them to pay for services while on the field trip.

SCHOLARSHIP APPLICATIONS

This year Specialized Programs has a significantly increased scholarship fund and there are now more funds available than in previous years. For the first time we are offering scholarships to year round programs for all ages. Therefore, we are encouraging everyone to apply to receive reduced registration fees. Scholarships can reduce the amount to be paid on registration fees starting from 50% up to 80% based on total annual income and number of people supported on that income.

For more information or questions regarding making payments, DDA, or scholarships please contact Kyle Bywater at 206-684-7548 or email kyle.bywater@seattle.gov.

END OF SUMMER

BBO

Participants of all ages, families, and friends are all invited as we shift from Summer into Fall with an End of Summer Barbeque. Please register in advance to attend this special event being held at Laurelhurst Community Center. Hot dogs, hamburgers, beverages, plus sides, and all the fixin's will be provided. Stay for family friendly activities as the sun goes down.


- Eligible:** All, plus friends and family
- Date:** Saturday, September 7
- Time:** 4-6:30 p.m.
- Cost:** \$12 for adults; \$8 for youth ages 5 to 12; and free to children 4 and under (payable day of)
- Location:** Laurelhurst Community Center, 4554 NE 41st St., Seattle, 98105
- Access:** Drop-Off Appointment 4 p.m.
Pick-Up Window 6:30-7 p.m.
- Registration:** You must register in advance by calling Specialized Programs at 206-684-4950.

Any questions?
Please call Specialized Programs
at 206-684-4950.



TEEN EXTREME FRIDAYS

Teen Extreme Friday programs are designated for teens 13-21 to participate in fun outings away from the traditional camp setting. Teens registered in day camps can also register for Extreme Friday trips for the additional cost and registration. Teens that are not registered in day camps are also able to register for these Friday only trips.



- Eligible:** Moderate to high ability level (no 1:1 supervision provided), Ages 13-21
- Time:** 10 a.m.-3 p.m.
- Cost:**  Varies by date – **Cash only on the day of the outing**
- Drop-Off / Pick up Location:** Lower Woodland, Park Shelter #6
5900 Aurora Ave. N, 98103
- Access:** No Access on Fridays



SEATTLE SIGHTSEEING AND LAKE UNION ICE CREAM CRUISE

- Dates:** Friday, July 19
- Bring:**  Bring sack lunch and cash.
- Cost:**  \$15
- Register:** Register online at http://bit.ly/spr_registration using barcode #17383

Cancellation Policy: When registered for an activity that involves purchasing tickets for an event and you cancel before the event, you will be responsible for paying the full amount of the program's cost before registering for any future programs. Thank you.



REMLINGER FARMS AND LUNCH OUT

Spend a day at the farm picking berries and then out for pizza lunch.



- Dates:** Friday, July 26
- Bring:**  Cash (no sack lunch needed)
- Cost:**  \$25
- Register:** Register online at http://bit.ly/spr_registration using barcode #17384

WATER PARK FUN



Let's head to Renton for some fun in the sun. Pack a swim suit, towel, sun screen, and water bottle. Cancellation Policy applies, see policy below.

- Dates:** Friday, August 2
- Bring:**  Bring sack lunch and cash.
- Cost:**  \$30
- Register:** Register online at http://bit.ly/spr_registration using barcode #17386

END OF SUMMER DAY TRIPS FERRY RIDE, PICNIC AND BEACH DAY

- Dates:** Wednesday, August 21
- Time:** 9 a.m.-2 p.m.
- Bring:**  Bring sack lunch and cash.
- Cost:**  \$20
- Register:** Register online at http://bit.ly/spr_registration using barcode #15521

BLUEBERRY PICKING AND LUNCH OUT

- Dates:** Friday, August 23
- Time:** 9 a.m.-2 p.m.
- Bring:**  Cash (no sack lunch needed)
- Cost:**  \$20
- Register:** Register online at http://bit.ly/spr_registration using barcode #15523.

ACCESS AND SAFETY POLICY

SAFETY AND BEHAVIOR POLICY

Any camper conduct that is disruptive or unsafe to camp, campers, or staff may result in being sent home early that day, unable to attend for the rest of the camp week, or unable to attend on a permanent basis. This will be decided on a case-by-case basis and is at the discretion of the camp leadership staff. Such conduct includes but is not limited to: destruction of camp property, harming oneself or another camper, or refusal to follow the minimum safety requirements to participate in camp activities. All incidents will be documented and reported to direct caregivers in a timely manner.

IMPORTANT INFORMATION REGARDING ACCESS SERVICE

We have increasing numbers of campers coming to and from camp via Access Service. Due to this increase, there have been issues raised that we would like you to be aware of when making arrangements for Access rides.

1. Access service will pick up and drop off campers for camp. The drivers generally do not wait for staff members to show up. The Specialized Programs staff arrives 15 minutes prior to the beginning of a program. If Access drops off early, it is possible your child could be in a situation where there is no one to supervise them.
2. In speaking with Access Customer Service representatives, they have said to be VERY SPECIFIC when booking the ride. Please request only the below APPOINTMENT TIMES (for drop-off) and PICK-UP WINDOWS (for pick-up): Access will drop-off your child no later than your scheduled "Appointment Time".

NOTE: If you do not get the below appointment time, it is VERY IMPORTANT that you contact the Coordinator or Youth Camp Director regarding this issue. Call the Specialized Programs Office 206-684-4950.

Overnight Camp: Camp Long
Street Address: 5200 – 35th Ave SW
(corner of 35th SW and SW Dawson
in West Seattle)

Appointment Time: Tuesday, 5 p.m.
Pick-Up Window: Friday, 11-11:30 a.m.

Day Camp: Lower Woodland, Shelter #6
Street Address: 5900 Aurora Avenue North

Appointment Time: 10:30 a.m.
Pick-Up Window: 2-2:30 p.m.

REMINDER: No Access to be used on Woodland Day Camp Friday as it is Zoo Day.

3. You may want to give the Access driver a note / map that says that the Woodland Park Day Camp is located on 59th & Aurora Ave. N. It will lessen the confusion in locating the day camp. Camp is held at the Woodland Park picnic sites on the EAST side of Aurora (between Aurora Ave and Green Lake), not at the Zoo. Shelter #6 is by the lawn bowling area.
4. Please be aware that door-to-door service *does not* mean that the driver will walk the camper in to the program to make sure the staff know the child is there. That is not required of the driver. Therefore, it is vital that you inform the Specialized Programs staff that you (or the person you care for) are on Access service so our staff is looking for the individual.
5. Please understand that the Specialized Programs staff may have other programs they need to get to or that they are done working and have personal obligations. Every effort you can make to ensure Access arrives on time is appreciated.

NOTE: If there is a consistent problem with early drop-off or late pick-ups, the Specialized Programs staff will call you to discuss the situation.

CAMP PROCEDURE

MEDICATION AUTHORIZATION



If your child takes medication:

- A doctor's signature is mandatory on the Camper Information Form
- Our nurses are legally required to administer medication from the ORIGINAL prescription bottle
- Do not pre-package your child's medication
- ALL medications will be administered from the original pill / liquid medication bottle

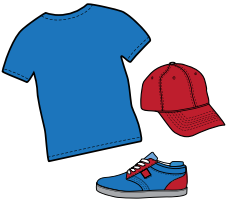
NOTE: We will not be able to store medication between sessions.

It will be important for you and your child to:

1. Check in with the nurse on the first day of camp in order to update the medical information, and drop off any medication
2. You will also need to check out with the nurse at the end of camp and pick up any unused medication

SUPERVISION: As our child-to-staff ratio is 4 to 1, we are unable to provide one-on-one supervision. Please provide an aide to accompany your child if they require one-on-one supervision.

SUGGESTED CLOTHING LIST FOR OVERNIGHT CAMPERS



- Camp is a busy and fun time for all of us. Many of the activities get the camper dirty
- Please send clothes that will not be damaged by a lot of activity
- Please do not have campers bring valuable items/clothes because they might get lost or broken

NOTE: We are not responsible for items lost or broken at camp.

Please Label EVERYTHING! Please keep in mind that there is limited space available.

- | | | |
|---------------------------------|--------------------------|-----------------------------|
| ✓ Any Special Equipment | ✓ Pajamas (Bring 2 sets) | ✓ Suitcase |
| ✓ Blankets | ✓ Pillow | ✓ Sweaters |
| ✓ Diapers / Wipes (Bring extra) | ✓ Raincoat | ✓ Sweatshirts |
| ✓ Duffle Bag | ✓ Shirts | ✓ Toilet Kit |
| ✓ Flashlight | ✓ Shoes | ✓ Toothbrush / Paste |
| ✓ Glasses / Case | ✓ Short Pants | ✓ Towel |
| ✓ Hair Brush / Comb | ✓ Sleeping Bag | ✓ Underpants (Bring extra) |
| ✓ Hat | ✓ Slippers / Bathrobe | ✓ Undershirts |
| ✓ Jacket | ✓ Soap, Box | ✓ Wash Cloth |
| ✓ Long Pants | ✓ Socks (Bring extra) | |

Electronic Devices: Please do not send your child to camp with electronic devices such as iPods, cell phones, MP3 players, video game devices, or portable DVD players, etc. We want your child to be engaged in camp activities.

Inappropriate items will be taken away from your child for the duration of the camp session.

Please call the **Camp Director, Jill Ellison, at 206-615-0140** to discuss your child's use of an electronic communication device at camp. Label all parts, chargers, plugs, etc.

REGISTRATION

- Registration:** Mail-in registration process.
Registration will be confirmed once all required participant camp forms have been received. Camp usually fills by the end of April. Don't wait to send in your forms!
- Payment:** \$15 non-refundable deposit per camp, per child (only exception is if camper is using DDA funds)
Make payment to: **City of Seattle**
- Complete:** Please mail payment and completed Registration and Participant Information forms to:
Specialized Programs
4554 NE 41st St • Seattle, WA 98105

REQUIRED CAMP REGISTRATION FORMS

In the back of the brochure there are 8 pages of forms that are required to be removed, completed, and mailed in with your payment.

We cannot accept any child at camp until we have all required paperwork on file at our office, this includes the Medication Authorization form which must be signed by a doctor if the camper takes medicine at camp.

- ✓ 2019 Registration Form
- ✓ Participant Information and Authorization Form
- ✓ Medical History
- ✓ Medical Treatment Authorization - ***if the camper takes medication at camp***, a doctor's signature is mandatory and is located at the bottom of the Medical Treatment Authorization form
- ✓ Scholarship Application (page 15) - *This form is optional, but highly recommended*

FOR QUESTIONS ONCE CAMP BEGINS

Please call our office at 206-684-4950 if:

- ✓ You will be arriving late to camp
- ✓ You are late in picking up your camper
- ✓ You will not be able to attend camp for any reason

TO REACH CAMP STAFF WHILE CAMP IS IN SESSION

If there is an emergency and you need to speak with camp staff immediately, the Camp Director cell phone number is 206-423-5884. This number is for emergency use only, after you have called the office. Staff may not always answer this phone right away, so leave a message if urgent.

Find 10 differences



ANSWERS





Lower Woodland, Shelter #6
5900 Aurora Ave North
Seattle, 98103
(near lawn bowling area)



LOWER WOODLAND DAY CAMPS

Ages: 4-21

10 a.m.-3 p.m. Monday through Friday except where noted

Lower Woodland, Shelter #6

5900 Aurora Ave North, 98103 (near lawn bowling area)

Youth will be involved with games, arts and crafts, canoeing, and entertainment. Wednesdays are cookout days and lunch will be provided, all other days, campers must bring a sack lunch and drink. Fridays are Zoo Days (no Access that day). Contact Camp Director regarding special diets.

Woodland 1	July 1-3*	Red, White, and Blue
Woodland 2	July 15-19	Beyond the Galaxy
Woodland 3	July 22-26	Safari Week
Woodland 4	July 29-August 2	Mystery Week

**No camp July 4-5; prorated camp fee \$70*

COST: \$95 Per Session

ACCESS:

Drop-Off Appointment Time: 10:30 a.m.

Pick-Up Window: 2-2:30 p.m.

Note: No Access on Fridays due to Zoo Day.



Directions from I-5 North or South bound:

- Take the NE 50th St. exit.
- Turn left if on I-5 Northbound; right if on I-5 Southbound.
- Continue on NE 50th St. WEST.
- Turn right onto Stone Way N and prepare to turn left onto West Green Lake Way N before the Pitch & Putt golf course.
- From West Green Lake Way N (the Green Lake Aqua Theater will be on your right) turn left into the first parking lot by the tennis courts and go up the hill past the off leash area).
- Turn right at the bathrooms at the top of the hill and continue through the parking lot to Shelter 6 adjacent to the Lawn Bowling Center.

Directions from HWY 99 North bound - There is no access from South bound HWY 99:

- Take Aurora Avenue N (Highway 99) going NORTH.
- At North 50th St. you come to Woodland Park, the Zoo will be on your left (west side) and the Picnic Sites will be on your right (east side).
- Go under 3 pedestrian overpasses; after the 3rd overpass take the next right into the parking lot at North 59th St.
- This is the first street you can turn on to exit HWY 99 and it is a sharp right turn into a parking lot. Camp is right behind the lot in the large field.
- Make a left into the parking lot just adjacent to the Lawn Bowling Center.



Camp Long Overnights
5200 - 35th Ave SW
Seattle, 98126
(in West Seattle)





CAMP LONG OVERNIGHTS

Ages: 6-21
5 p.m. Tuesday through noon on Friday
Camp Long
5200 – 35th Ave SW, 98126 (in West Seattle)

Youth engage in arts and crafts, naturalist programs, nature walks, games, and entertainment. Youth need to bring a sack dinner for the first night, all other meals are provided. Contact Camp Director regarding special diets.

Camp Long 1	June 25-28	Spirit Week
Camp Long 2	July 9-12	Wild, Wild West Seattle
Camp Long 3	August 6-9	Talent Week
Camp Long 4	August 13-16	Paradise Week

COST: \$115 Per Session

ACCESS:

Drop-Off Appointment Time: 5 p.m. Tuesday
(Note: Please do not be early)

Pick-up Window: 11-11:30 a.m. on Friday

Directions from I-5:

- Take the West Seattle Freeway exit
- Go WEST on the West Seattle Freeway staying in the left lane, do not take any exits
- Continue up the hill and take the first LEFT on to 35th Ave SW at the stop light
- Follow 35th Ave SW up some rolling hills; passing West Seattle Stadium and Golf Course on your left
- After cresting the hill go about 2 more blocks and the entrance in to Camp Long will be on your left at Dawson St.

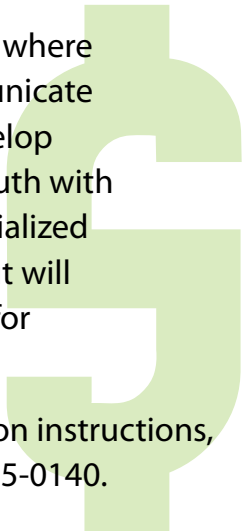
PAID INTERNSHIPS MAY BE AVAILABLE!

Upon receipt of grant funding, Specialized Programs will be implementing the **OSPREY Internship Program** during Camp Long overnights. What is **OSPREY**?

Opportunities in Specialized Programs Recreation Employment for Youth!

Selected interns will gain meaningful job experiences where they will learn to work on a professional team, communicate with peers and adults, attend staff meetings, and develop skills related to facilitating recreation programs for youth with disabilities. Interns will be directly supervised by Specialized Programs staff. Campers are eligible for internships but will have “on-duty” hours. Camp fees will not be prorated for campers who are selected as interns.

For more information, eligibility criteria, and application instructions, please contact Jill at jill.ellison@seattle.gov or (206) 615-0140.





ADULT PROGRAMS



YOUTH PROGRAMS
(including child care)




SCHOLARSHIPS AVAILABLE

for all ages

VISIT YOUR LOCAL
COMMUNITY CENTER, POOL, OR
ONLINE AT BIT.LY/SPRSCHOLARSHIPS
TO LEARN MORE!



ENVIRONMENTAL LEARNING PROGRAMS



SPECIALIZED PROGRAMS



LIFELONG RECREATION PROGRAMS

THANK YOU SEATTLE VOTERS!
MADE POSSIBLE BY THE SEATTLE PARK DISTRICT

2019 REGISTRATION FORM

Reminder: ALL forms must be received two weeks prior to attending camp. Parent/Guardian must sign the Liability Waiver and the Medical Release. If medication is given at camp, a doctor's signature is also required on the Medical Release form.

I understand I will need to provide an aide if my child requires 1-on-1 supervision. Initial here _____

Please "Check" (✓) The Desired Camp Session(s):

Please mark if your child uses a wheelchair (w/c) or walker. We can only accept 3 campers per session who are tube-fed, so please check if your child is tube-fed.

- Camper uses wheelchair/walker
 Camper is tube-fed
 Camper uses Access
 Camper is registering for following session(s)
 Camper has pre-registered for following session(s)
 Aide will accompany camper

CAMP LONG OVERNIGHT SESSION(s) Fee: \$115 Please check desired session(s)

- | | | | |
|--------------------------|-------------|---------------------|-------------------------|
| <input type="checkbox"/> | Camp Long 1 | June 25-June 28 | Spirit Week |
| <input type="checkbox"/> | Camp Long 2 | July 9-July 12 | Wild, Wild West Seattle |
| <input type="checkbox"/> | Camp Long 3 | August 6-August 9 | Talent Week |
| <input type="checkbox"/> | Camp Long 4 | August 13-August 16 | Paradise Week |

WOODLAND DAY CAMP SESSION(s) Fee: \$95 PLEASE NOTE: There is NO ACCESS on Fridays

- | | | | |
|--------------------------|------------|--|----------------------|
| <input type="checkbox"/> | Woodland 1 | July 1-July 3
(*No camp July 4-5; prorated camp fee \$70) | Red, White, and Blue |
| <input type="checkbox"/> | Woodland 2 | July 15-July 19 | Beyond the Galaxy |
| <input type="checkbox"/> | Woodland 3 | July 22-July 26 | Safari Week |
| <input type="checkbox"/> | Woodland 4 | July 29-August 2 | Mystery Week |

Child's Name: (First) _____ (Last) _____ Age: _____

Sex: Male Female Gender Neutral Genderqueer/Androgyny Transgender
 FTM (Female-to-Male) MTF (Male-to-Female)

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Emergency Contact: _____ Their Phone: (____) _____

Parent / Guardian Name (Please Print): _____

Camper Uses DDA Funding Case Manager Name: _____
 Phone (____) _____ E-Mail Address: _____

Camper is approved for Scholarship

Payment enclosed – Check payable to: City of Seattle \$ _____ Mail to: Specialized Programs
 4554 NE 41st St.
 Seattle, WA 98105

Credit Card Payment: Select one: Visa American Express Master Card Exp. Date: _____

Card # (16 digit number): _____

CUT ALONG DOTTED LINE AND RETURN FORMS TO SPECIALIZED PROGRAMS

OUR MISSION

We provide exceptional, accessible, and affordable citywide recreation programs and resources for individuals with disabilities and their families. Our specially trained staff develop, conduct programs, and with the advisory council, advocate for specialized opportunities in arts, fitness, and social activities for people with special needs.

- To improve the quality of life and strengthen community.
- Provide outreach and advocacy.
- Support a wide range of abilities.

ASSOCIATED RECREATION COUNCIL

For 43 years, the Associated Recreation Council (ARC) has provided recreation, lifelong learning programs and community-driven leadership in partnership with Seattle Parks and Recreation. With a goal of providing equitable access to citywide programs for Seattle residents of all ages, ARC works through 37 volunteer Advisory Councils to fulfill its mission of "building community through citizen engagement and participation in recreation and lifelong learning programs." ARC is a 501c3 nonprofit organization. For more information, go to www.arcseattle.org.

YOUR ADVISORY COUNCIL

Most classes, workshops, sports and swim programs, special events and facility rentals are funded through the local advisory council, rather than from City of Seattle budgets. Revenues generated through program fees offset program costs to make these activities self-sustaining. We also rely on participation, donations, and contributions to maintain and upgrade equipment. Advisory council members create scholarship opportunities through grant writing and other fundraising activities.

JOIN US

Citizen direction and participation is essential to our success. Monthly meetings are held to talk about programs, policies, and financial issues. Our advisory council is always looking for new members. If you would like to get involved, please contact Kyle Bywater, 206-684-7548, for further information.

REFUND POLICY

It is the policy of Seattle Parks and Recreation and the Associated Recreation Council that:

- Anyone who registers for a class, special event or program that is cancelled for any reason by Parks and Recreation will receive a full refund.
- Anyone who registers for a trip, special event, and who requests a refund 14 days or more before its start (or before the second session of a class), may receive a refund minus a service charge of \$5 or 10% of the class fee (whichever is greater).
- Anyone who registers for a class and who withdraws from the activity fewer than 14 days before its start (or after the second session of a class), will receive no refund.
- There are no refunds or make-up classes for sessions missed due to illness or vacations.

PERSONS WITH DISABILITIES

Reasonable accommodations will be made on request for persons with disabilities. If you need sign language interpretation, auxiliary aids or other accommodations, call V/TDD 206-233-1509. If possible, please allow 10 working days advance notice for sign language interpretation or auxiliary aids. If a class or activity is scheduled in an area that is not barrier-free for wheelchairs, we will make every effort to help you find a similar program in an accessible location. As a matter of policy, law, and commitment, Seattle Parks and Recreation does not discriminate on the basis of sexual orientation, political ideology, age, creed, religion, ancestry, national origin, or presence of any sensory, mental, or physical handicap. (Seattle Municipal Code 18.12.180).

FEES & CHARGES

Specialized Programs provides programs and activities listed under an agreement with the Associated Recreation Council. Fees collected by the Specialized Programs Advisory Council are used to offset the cost of providing the programs. 12% of each program registration fee is used to defray overhead costs. 88% of each program registration fee is related to the direct cost of providing the program, class or activity. Class and program fees include WA state sales tax where applicable.



CUT ALONG DOTTED LINE AND RETURN FORMS TO SPECIALIZED PROGRAMS



SECTION 1: Participant Information and Authorization Please complete this form and submit to Specialized Programs; this information is required for participation. We request that this information be reviewed and updated once per year. This information is considered confidential and is used only to help staff meet the needs of the Participant. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** If there are any changes in the information on this form, please contact staff immediately to update, our office number is 206-684-4950. *Please Print*

PARTICIPANT AND PARENT OR GUARDIAN INFORMATION

Primary Phone Number for Participant

Participant Name (First & Last)		Age yrs	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender (Fill In)
Address		City	Zip	School		
Name of Parent, Guardian or other Signatory for Participant (First and Last)			Student ID #		Grade	
Day Phone	Cell Phone	Evening Phone		Email		
Address (if different from above)		City		Zip		
Relationship to Participant <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home Staff <input type="checkbox"/> Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Other			Language(s) Spoken at Home			
Name of Group Home or Agency Name (if applicable)			Administrator/Staff Name		Phone	
Address			City		Zip	
Participant would like to request or apply for <input type="checkbox"/> DDA Respite Funds <input type="checkbox"/> Scholarship* <i>*A separate scholarship application is required</i>			DDA Case Manager Name and Phone Number DDA Case Manager email:			

GENERAL AUTHORIZATION AND INFORMATION

This Participant has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip, by means of walking, public bus, Department van, yellow or charter bus. YES NO Initial Here _____

This Participant has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. YES NO Initial Here _____

Swimming Ability Non Swimmer Beginner Intermediate Advanced

Program staff have permission to apply sunscreen to this Participant during programs. YES NO Initial Here _____

This Participant may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications. YES NO Initial Here _____

TRANSPORTATION AND ACCESS INFORMATION

Please help us identify the transportation methods the Participant will be using to get to and from programs by completing the section below. Please contact us if there are any special circumstances staff should know in regard to transportation.

This Participant has permission to walk or take public transportation to and from programs. YES NO Initial Here _____

Does the Participant use Metro's Access Service? YES NO

Does this Participant require Hand to Hand service? YES NO Door to Door service? YES NO

Access Van Company	Phone Number -	ID Number
Alternate Van Company, School Bus, or other form of Transportation	Phone Number -	ID Number

CUT ALONG DOTTED LINE AND RETURN FORMS TO SPECIALIZED PROGRAMS

SECTION 2: Medical History

Participant Name (First) _____ (Last) _____

Height _____ ' _____ " _____ Weight _____ **lbs** _____ Eye Color _____ Hair Color _____

Does the Participant need 1 on 1 supervision? YES NO Is direct line of sight required? YES NO

Will Participant be accompanied by an attendant? YES NO If yes, please fill in the information below

Attendant's Name _____ Phone Number _____

Physician Name	Physician Phone	
Physician Address	City	Zip
Medical Insurance Company	Policy Number	
Preferred Hospital for Treatment		

This Participant experiences the following: Please check 'None' or all that applies. Providing this information will help us to ensure the Participant has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act. Unless you have religious objections, we cannot allow the Participant to participate without this information and the included authorizations. If you have religious objections, please submit a written statement of those objections.

<input type="checkbox"/> None	<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> Allergies	Currently Taking Medications at <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Program <input type="checkbox"/> None <input type="checkbox"/> Other
<input type="checkbox"/> Asthma	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Autism	<input type="checkbox"/> Behavior Disorder	
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> History of Seizures	<input type="checkbox"/> Visual Impairment	

MOBILITY-WALKS <input type="checkbox"/> Independent <input type="checkbox"/> With Support <input type="checkbox"/> With Support	<input type="checkbox"/> Balance Issues <input type="checkbox"/> Crutches <input type="checkbox"/> Cane or Walker	WHEELCHAIR <input type="checkbox"/> Power <i>Please keep power cord with chair</i>	<input type="checkbox"/> Manual (select one below) <input type="checkbox"/> Independent <input type="checkbox"/> Dependent
---	---	--	--

TRANSFERS <input type="checkbox"/> Independent	<input type="checkbox"/> Stand-by Supervision <input type="checkbox"/> To Toilet	<input type="checkbox"/> In and Out of Bed <input type="checkbox"/> To Floor	<input type="checkbox"/> Assist – 1 person <input type="checkbox"/> Assist – 2 people
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Comments

ADAPTIVE DEVICES <input type="checkbox"/> None <input type="checkbox"/> Splint <input type="checkbox"/> Other -	<input type="checkbox"/> CPAP <input type="checkbox"/> Braces (type) _____ <input type="checkbox"/> Night Braces	<input type="checkbox"/> Prosthesis <input type="checkbox"/> Dentures <input type="checkbox"/> Glasses	<input type="checkbox"/> Shunt <input type="checkbox"/> Helmet <input type="checkbox"/> Hearing Aid
---	--	--	---

Please label devices with Participant's name and instructions for use whenever possible.

SEIZURES Does the Participant have a history of seizures? YES NO

Has the participant been hospitalized or received rescue medications? YES NO

Do seizures typically last more than 3 minutes? YES NO

Last hospitalization date _____ What rescue medication was used _____

Describe what recovery is like _____

**If the Participant has a seizure protocol, please attach it with any additional information on a separate sheet.*

CUT ALONG DOTTED LINE AND RETURN FORMS TO SPECIALIZED PROGRAMS

Participant's Name (First) _____ (Last) _____

ALLERGIES (please list any known allergies)

Food Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Food allergic to – <input type="checkbox"/> Mild <input type="checkbox"/> Severe	<input type="checkbox"/> Asthma <input type="checkbox"/> Mild <input type="checkbox"/> Severe Inhaler <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Insects (type) _____ <input type="checkbox"/> Mild <input type="checkbox"/> Severe Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergic to – <input type="checkbox"/> Mild <input type="checkbox"/> Severe	<input type="checkbox"/> Pollens <input type="checkbox"/> Mild <input type="checkbox"/> Severe	Other - _____

What needs to be done if an allergic reaction occurs?

EATING <input type="checkbox"/> No Assist <input type="checkbox"/> Partial Assist <input type="checkbox"/> Total Assist <input type="checkbox"/> Tube Fed	FOOD PREPARATION <input type="checkbox"/> None <input type="checkbox"/> Chopped <input type="checkbox"/> Blended <input type="checkbox"/> Other - _____	<input type="checkbox"/> Difficulty Swallowing
		<input type="checkbox"/> Adaptive Utensils (type) _____
		<input type="checkbox"/> Problem Foods (please list) _____

DIETARY NEEDS Please describe any special diet _____

Please list any particularly disliked foods _____

Will the Participant be bringing personal food to programs? YES NO If yes, please list _____

Are there any foods the Participant must avoid or be controlled for? YES NO If yes, please list _____

TOILETING <input type="checkbox"/> No Assist <input type="checkbox"/> Partial Assist <input type="checkbox"/> Total Assist <input type="checkbox"/> Other	BLADDER CONTROL <input type="checkbox"/> Normal <input type="checkbox"/> Partial <input type="checkbox"/> Incontinent <input type="checkbox"/> Reminders	BOWEL CONTROL <input type="checkbox"/> Normal <input type="checkbox"/> Partial <input type="checkbox"/> Incontinent <input type="checkbox"/> Reminders <input type="checkbox"/> Laxative	AIDS USED <input type="checkbox"/> None <input type="checkbox"/> Bedpan <input type="checkbox"/> Diapers <input type="checkbox"/> Night-Time Depends <input type="checkbox"/> Other - _____
Catheter <input type="checkbox"/> YES <input type="checkbox"/> NO (list type) - _____			
Comments - _____			
For females, what is the approximate date of menstrual cycle? _____			

OVER THE COUNTER MEDICATION

Can Over-the-Counter medications be administered to the Participant while in programs? YES NO

I would prefer a telephone call from staff before Over-the-Counter medications are administered YES NO

Medication	Check yes if OK to give	Dosage	Medication	Check yes if OK to give	Dosage
Tylenol	<input type="checkbox"/> YES <input type="checkbox"/> NO		Pepto Bismol	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ibuprofen	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tums	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Benadryl	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other - _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Sudafed	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other - _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CUT ALONG DOTTED LINE AND RETURN FORMS TO SPECIALIZED PROGRAMS

Participant's Name (First) _____ (Last) _____

MEDICAL HISTORY Does or has the Participant had any of the following (record date where applicable)					
	Date		Date		Date
Arthritis		Bleeding Disorder		Chicken Pox	
Ear Infections		Hypertension		Measles	
Heart Defect		Mononucleosis		Rubella	
Diabetes		Decubitus Ulcer		Mumps	

IMMUNIZATION HISTORY Write the date of basic immunizations, and most recent booster, or write "unknown" and initial					
	Date		Date		Date
DPT		Rubella		Tuberculosis (T.B.)	
Polio		Small Pox		Mumps	
Measles		Tetanus		Other -	

COMMUNICATION (please check all that apply)

<input type="checkbox"/> Verbal	<input type="checkbox"/> Communication Board	<input type="checkbox"/> Non-Verbal
<input type="checkbox"/> Verbal (With some language impairment)	<input type="checkbox"/> Communication Book	<input type="checkbox"/> Gestures
<input type="checkbox"/> Verbal with Adaptive Equipment	<input type="checkbox"/> Electronic Communication	<input type="checkbox"/> Sign Language

Comments _____

BEHAVIORS Does the Participant have a current Behavior Plan? YES NO If yes, briefly describe the nature of the plan and include a copy of the plan on a separate sheet _____

How can we encourage positive behaviors? _____

How can we prevent and discourage problem behaviors? _____

What types of noises, activities, or situations bother the Participant? _____

What are his or her reactions? _____

Does the Participant have any other sensitivity? _____

Please describe the Participant's sleeping habits (wets bed, night lights, etc.) _____

Does the Participant have a history of wandering? YES NO If yes, what are the triggers? _____

Please tell us anything else pertaining to the needs of the Participant _____

If possible, please include a recent photo of your child.

**if there is any additional information to include, please attach additional pages of information.*

CUT ALONG DOTTED LINE AND RETURN FORMS TO SPECIALIZED PROGRAMS

SPECIALIZED PROGRAMS APPLICATION FOR SCHOLARSHIP

Please submit to: Specialized Programs, 4554 NE 41 St. Seattle, WA 98105

June 23, 2019 – June 21, 2020

Applicant Information

Adult Name or Parent/Guardian:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Gender _____	
Address:	<i>Last</i>	<i>First</i>	<i>Birth Date</i>
	<i>Street Address</i>		<i>Apartment/Unit</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Contact Info.:	()		
	<i>Phone</i>	<i>Email</i>	

Specialized Program Request

Youth General Scholarship <input type="checkbox"/>				Adult General Scholarship <input type="checkbox"/>	
Youth Summer Day Camp		Youth Summer Overnight Camp		Adult Summer Overnight Camp	
Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>	Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>	Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>
Week 2: <input type="checkbox"/>	Week 4: <input type="checkbox"/>	Week 2: <input type="checkbox"/>	Week 4: <input type="checkbox"/>	Week 2: <input type="checkbox"/>	

Participant Information

The below categories are used only for statistical purposes.			
Name:	Birthdate:	Age:	Gender:
		<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Senior Adult (50+)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Am./Alaskan Native <input type="checkbox"/> Native Hawaiian/Pl.			
Please describe who or where the participant lives:			
<input type="checkbox"/> With Parent(s) <input type="checkbox"/> Other Family <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Family <input type="checkbox"/> Other (specify) _____			
Address: (if different than applicant)		City:	State:
			Zip Code:
Email:		Primary Phone	Secondary Phone

Verification of Household Income and Dependent Eligibility - Attach Copy of Documents

Number of people in household:		Total Family Income: \$ _____		<input type="checkbox"/> Yearly Income or <input type="checkbox"/> Monthly Income	
<input type="checkbox"/>	1040 income tax form (most recent)	<input type="checkbox"/>	Proof of Disability Pay (SSI)	<input type="checkbox"/>	Gross paycheck stubs before taxes (1 month of 32+ or 2 months of 31 hours or less for all household income)
<input type="checkbox"/>	Proof of Social Security Benefits (SSA or SSA-1099)	<input type="checkbox"/>	Unemployment statement	<input type="checkbox"/>	City of Seattle Utility Discount program qualification (50% scholarship only, provide bill statement)
<input type="checkbox"/>	Current TANF/ Welfare	<input type="checkbox"/>	Proof of Retirement	<input type="checkbox"/>	Child support payments (not used as main verification only for additional income)
<input type="checkbox"/>	Full-time Student verification (Class Schedule and Financial Aid Paperwork)	<input type="checkbox"/>	Birth certificate	<input type="checkbox"/>	Other: Please list type of document:

SEATTLE PARKS AND RECREATION SITE USE ONLY

Site:	Site Staff Signature:	Date:
SCHOLARSHIP OFFICE USE ONLY		
Scholarship %:	Pool Scholarship %:	Approved By:
		Date:
Notes:		

SPECIALIZED PROGRAMS

4554 NE 41st Street
Seattle, WA 98105

Change Service Requested

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SEATTLE, WA.
PERMIT NO. 152

Presented by Specialized Programs Advisory Council

MOVIN' FOR MONEY

SUNDAY, MAY 19

JOIN US FOR A FUN DAY AND GOOD CAUSE!

Help raise funds to support the Seattle Parks and Recreation's Specialized Programs which offers recreation opportunities for youth and adults with disabilities. We encourage you, your family, and friends to take part in "Movin' for Money" by either walking laps or shooting hoops to raise funds. Whatever your choice, let's get movin' as we raise money to support programs!

Note: There is a party and refreshments from 4-5 p.m. at the Meadowbrook Community Center, 10515 - 35th Ave NE, Seattle, 98125.

If you would prefer to support "Movin' For Money" by sending in a donation, please make check/money order payable to "Specialized Programs" and mail it to:

Specialized Programs

4554 NE 41st Street
Seattle, WA 98105

Thank you for your support!

If you have any questions, please call our office at 206-684-4950.

**Access Pick-up Window for both Hoops / Walking is:
5-5:30 p.m. at Meadowbrook Community Center.**

BASKETBALL & HOOPS

Time: 3-4 p.m.

Place:
Meadowbrook Community
Center Gym
10517 - 35th Ave NE, 98125

Access:
Drop-Off Appointment 3 p.m.
Pick up Window 5-5:30 p.m.

WALKING OPTION

Time: 3-4 p.m.

Place:
Nathan Hale High School Track
10570 - 30th Ave NE, 98125

Access:
Drop-Off Appointment 3 p.m.
Pick up Window 5-5:30 p.m.