# APPLICATION

3860 Middle Road Bettendorf, IA 52722
563-332-8010 www.handinhandqc.org

**Camper's Name**: _____ **Age**: _____ ☐ Male ☐ Female

Camp Hand in Hand's week long sessions for ages 5 through adult: $245 ($50 non-refundable deposit; full payment due May 31 unless other arrangements have been made)

☐ July 13-17 ☐ July 20-24 (Check one)

Adult day serves ages 21 and older: $50/day

☐ July 15 ☐ July 22 (Check one)

**Registration Day:** March 28, 2020 from 9:30 AM - Noon at the QC Area Family Fair at the Children's Therapy Center 4450 48th Ave Ct, Rock Island, IL 61201

**Registration must be accompanied by enrollment paperwork. Download forms at www.handinhandqc.org or pick up from the Hand in Hand office.**

**Home address**: _____ **City**: _____ **State**: _____

**Parent/Guardian's Name**: _____**Home Phone**: _____

**Cell Phone**: _____ **E-mail** : _____

**Primary Diagnosis**: _____

☐ **My child receives Iowa Medicaid Waiver services**

PLEASE NOTE: To ensure an appropriate level of care, campers with waiver eligibility MUST arrange a caregiver through their provider of choice to attend camp with them.

Please indicate the name of the agency or individual provider who will provide care for your child at Camp: _____

☐ **My child does not receive Medicaid services** (he/she will be paired with a volunteer caregiver while attending camp)

*To achieve our goals of independence, parents do not provide care during camp. We look forward to seeing you at our Family Banquet Thursday each week: July 16 and July 23.

☐ **Financial assistance is needed**

**T-Shirt Size** (check one)

☐ Youth large ☐ Adult Small ☐ Medium ☐ Adult Large ☐ X-Large ☐ 2X ☐ 3X

## Waiver of Liability

Signature is required on application and gives permission from parent/guardian for participation in typical camp activities. Signature waives liability of Hand in Hand.

_____ _____

Signature Date