



**REBOUND**

CONNECTING. EMPOWERING. RESTORING

3225 Woburn Street, Suite #220, Bellingham, WA 98226

Phone: 360-714-0700

# Ray of Hope Summer Daycamp Child Application

Summer 2023

Program Dates: July 5th - August 9th Monday-Friday

## **About Ray of Hope**

The Ray of Hope Summer Daycamp is a five-week program for children ages 5-12 with emotional, behavioral, and/or economic challenges. It is a day program unlike any other offering arts and crafts, recreation, field trips, and artistic enrichment. Ray of Hope strives to introduce empowering social skills and inspiring life principles through story and relationship. Ray of Hope is for the kids who most need, yet seldom experience, such a holistic, well staffed, and fun summer.

**Child Application Deadline: May 10th, 2023**

Office Use Only

Date Application Received:

## **Ray of Hope 2023 Details**

**Where:** Sunnyland Elementary, 2800 James Street, Bellingham, WA 98225

**When:** July 5th - August 9th, Monday-Friday, 9:00am-3:00pm

**Cost:** \$1,395.00 per child for entire summer (plus a \$75.00 registration fee)

Ray of Hope is a licensed childcare provider pursuant to WAC 170-290-0125, eligible for childcare assistance benefits; childcare provider number is pending.

### **A Day at Ray of Hope**

**Morning Session:** The morning starts with breakfast, where campers get settled in and daily announcements are made. Children and leaders are then dismissed for small group time. During small group time, campers explore social and life skills including positive choices, identifying & expressing feelings, and showing care for one another. Kids explore the themes of excellence, empowerment, self-control, teamwork, kindness, and hope. After small group time, campers participate in artistic and recreational activities with lunch following.

**Afternoon Session:** In the afternoon, groups participate in either a field trip in Whatcom County, enrichment activities led by community members, or swim time at Lake Samish. These activities are opportunities for kids to build positive relationships in a fun and creative context. The day ends with “highlights”, where all campers celebrate moments of camp spirit. The kids then transition into their respective groups to get home after a full day at camp.

## **Application Directions**

There are a limited number of spots available at Ray of Hope each summer. Due to recent staff and licensing changes, we might not be able to accommodate every applicant for the summer of 2023. The successful completion of your child's application will ensure that it will be processed in a timely fashion. If any part of the Ray of Hope application is not filled in, **we will consider the application incomplete. This may affect your child's opportunity to attend Ray of Hope.** Please take a moment to review this checklist to ensure that ALL sections of the application are completed and appropriate documents are attached.

**If you have more than one child that you are applying for, please complete an application for EACH child. We are not able to transfer information from one application to another, even if most of the information is the same.**

1. **Complete the following application information** by filling in appropriate answer spaces and by marking check boxes.
2. **Review** each section of the application to ensure your application is 100% complete.
3. **Return** your completed application to Rebound of Whatcom County using one of the following methods:
  - **By Mail (must be received no later than the application deadline):**  
3225 Woburn Street, Suite #220, Bellingham, WA 98226
  - **By email** to [ally@reboundfamilies.org](mailto:ally@reboundfamilies.org)

## Ray of Hope Child Application Checklist

- **Ray of Hope Payment Tuition Options (Page 4)**
  - Select the appropriate payment option.
  - If necessary, attach documentation as requested to your child's application.
  - Call for verification or qualification as needed.
  
- **Child Registration (Page 5)**
  - Double check that every box and line is filled in, write "N/A" if a particular section does not apply.
  
- **Emotional/Behavioral History (Pages 6-8)**
  - To best serve your child, please fill in this section with as much information as possible so that we can provide a safe and successful summer for your child.
  - If any, include a copy of your child's current IEP or any behavioral plan from school.
  
- **Medical Information (Page 9-10)**
  - Fill out and complete information about your child's medical history and needs.
  - Sign and date at the bottom.
  
- **Release of Confidential Information (Page 11)**
  - Please fill this form out completely. It may contain information you have already provided, however we need it on this form as well.
  - Sign and date at the bottom.
  
- **Photography/Video Release and Field Trip Permission Forms (Pages 12 and 13)**
  
- **Extended Care and Declaration (Page 14)**
  - Please indicate if your child(ren) will need Extended Care services by checking either "Yes" or "No" on the application. Please note that this service costs an additional \$400.00 for the duration of the program, and cannot be purchased for individual day(s).
  - Be sure to sign and date the declaration portion so we know who has completed the application and how best to reach you.
  
- **Income Statement, Immunization Records (Return attached to this application)**
  - Please completely fill out the income statement, as we are required by the state to have a form for every child.
  - Immunization Form- We need every child's immunization records filled out on this specific form. We cannot accept other forms from medical providers.

## Ray of Hope Tuition Payment Options

Child's Name (First and Last): \_\_\_\_\_

Parent/Guardian's Name (First and Last): \_\_\_\_\_

The total cost of tuition for the Ray of Hope Summer Daycamp is \$1,395.00 per child for the summer of 2023, plus a Registration Fee of \$75.00 per child. **Please select one of the following payment options.**

**Option 1: Washington State Child Care Benefits (Working Connections Child Care or Seasonal Child care)**

If the child's parent/guardian's income qualifies AND one of the following is true, you MAY be able to receive child care benefits from Washington state that can be designated to pay for most of the child's tuition at Ray of Hope:

- Works outside of the home or is self employed,
- Attends school or job training,
- Is part of "Working Connections" or "Work First",
- Is a seasonal agricultural worker,
- Has a child with special needs,
- Is homeless, lives in transitional housing, or lives temporarily with family or friends.

I am approved for Washington State child care benefits (you must attach a copy of your award letter with this application)

If you would like to find out if you qualify for Washington State Child Care Benefits, apply immediately by calling 1-877-501-2233 or by going online to [www.washingtonconnection.org](http://www.washingtonconnection.org)

**Option 2: Division of Child and Family Services (DCFS or CPS)**

If the child is in state-appointed care, they MAY qualify for childcare assistance benefits to apply to Ray of Hope tuition through the Division of Child and Family Services (DCFS) or Child Protective Services (CPS). Contact your DCFS/CPS caseworker to verify before submitting this application. You will need to tell them Ray of Hope's state provider number: 1066259. Once verified, complete the following:

\_\_\_\_\_  
Name of Social Worker

\_\_\_\_\_  
Date of Verification

**Option 3: Developmental Disabilities Administration (DDA)**

If the child has a developmental disability (physical or intellectual delays, including autism spectrum), they MAY qualify for tuition reimbursement from the Developmental Disabilities Administration (DDA). To see if you qualify, contact the local DDA office at 360-714-5000.

My child has been approved for DDA benefits (you must attach a copy of your approval document with this application)

**Option 4: I will cover tuition in full**

- We offer flexible payment plans and payment schedules. We will contact you to set up a payment agreement.

**Child Registration (Please Print)**

**Child's Name (First and Last):** \_\_\_\_\_

**Child's Birthdate (MM/DD/YYYY):** \_\_\_\_\_

**Child's Gender:**  Male  Female  Non-Binary

**Child's Ethnicity:**  Asian  Black/African-American  American Indian/Alaskan Native  
 White/Non-Hispanic  Hispanic  Native Hawaiian/Pacific Islander  Other: \_\_\_\_\_

**Please list any of the child's ongoing physical conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**School(s) Attended September 2022-June 2023:** \_\_\_\_\_

**School Attending Fall of 2023 and Grade Level:** \_\_\_\_\_

**At school, does your child currently have:**

IEP  Behavior Plan  One-on-One Aide  504 Plan  None

**Parent/Guardian Information**

**Parent/Guardian Name (First and Last):** \_\_\_\_\_

**Relationship to child:**  Parent  Foster Parent  Relative/Other (specify): \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alt. Phone Number:** \_\_\_\_\_

**Email address (include only if checked regularly):** \_\_\_\_\_

**Address (Street, City, State, and ZIP Code):**  
\_\_\_\_\_

**Additional Child Information**

**Past Rebound of Whatcom County Programs Attended?:**

Ray of Hope  Roots Family Enrichment  Other: \_\_\_\_\_  None

**Does the child have a Social Worker through any of the following agencies?**  Yes  No

<ul style="list-style-type: none"><li>● DCYF (Department of Child, Youth, &amp; Family Services)</li><li>● DSHS (Department of Social and Human Services)</li><li>● Lummi Children's Services</li><li>● CCS (Catholic Community Services)</li><li>● Opportunity Council</li><li>● Other: _____</li></ul>	Agency: _____ Social Worker Name: _____ Phone Number: _____ Email address: _____
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## Emotional & Behavioral History

Child Name (First and Last): \_\_\_\_\_

**Accurate information in the following section greatly impacts a child's success at Ray of Hope. It is vital in helping staff to better serve your child during the program. Please be as accurate as possible.**

**1. What are some positive factors that are an important part of your child's life? (check all that apply)**

- Caring School Environment
- Positive Adult Role Models
- Supportive Family Members
- Healthy Friendships with Peers
- Desire to Help Others
- Safe Home Environment
- Creativity
- Enjoyment of Learning
- Good Self-Esteem
- Avoiding Unhealthy Peer Pressure
- Achievement in School
- Sense of Humor
- Involvement in a Faith Community
- Important Sibling Relationships
- Hope for their Personal Future
- Other(s): \_\_\_\_\_

**2. What are some of your child's strengths and interests?**

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**3. What things have helped your child overcome difficult situations?**

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**4. What are some challenging behaviors that your child has shown within the last 3 months?**

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**5. What types of situations have led to behavioral escalations with your child?**

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**6. Has your child ever demonstrated any of the following behaviors? (check all that apply)**

- Physical Aggression (hitting, kicking, biting, etc.)
- Verbal Aggression (swearing, threatening, shouting, etc.)
- Difficulty sitting still/paying attention
- Difficulty with change/transitions
- Low Self-Esteem
- Withdrawn
- Defiance
- Bullying
- Running Away
- Tantrums
- Lying
- Stealing
- Eating Disorder
- Sexual Acting Out
- Toileting Accidents

**7. Please indicate to the best of your knowledge all of the following that apply:**

**My child...**

- Takes medication
- Has been hospitalized for emotional, behavioral, and/or psychiatric reasons
- Has been in foster care
- Is currently in foster care
- Has witnessed abuse
- Has been a victim of abuse
- Has been exposed to drug/alcohol abuse
- Has a family member in prison
- Lives with a family member with mental illness

**In the last year, my child...**

- Has lost a family member (death, divorce/breakup, prison, moved away)
- Has gained a new family member (new baby, marriage/partnership, adoption)
- Has changed caregivers
- Has experienced housing instability (homelessness, shelter, transitional housing, etc.)
- Other: \_\_\_\_\_

**8. Other experiences the child has had that could be important to their Ray of Hope experience?**

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**9. Please indicate to the best of your knowledge all of the following that apply:**

**My child has been diagnosed with:**

- ADD/ADHD
- Anxiety Disorder
- Autism/Asperger's Syndrome
- Developmental Delay
- Learning Disability
- Oppositional Defiant Disorder
- Sensory Integration Disorder
- Other: \_\_\_\_\_

**My child has been involved with:**

- An In-Home Intervention Program (e.g SWIFT, CHAPS, etc.)
- A School Behavior Program (e.g Bridges, Discovery School, etc.)
- Mental Health Counseling
- Juvenile Detention
- Other: \_\_\_\_\_

**Please provide any important details about the above checked boxes (if any):**

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**What else should we know about your child?:**

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**10. Please include a photo of your child with this application for staff preparation.**

- I have attached a photo of my child
- I did not attach a photo, and would like to request an exception

## Medical Information

### 1. Medical History (Required)

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Last Exam (mm/yy): \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Last Exam (mm/yy): \_\_\_\_\_

Does the child have any allergies? (medicine, food, hay fever, insect bites, etc.):  Yes  No

If yes, please list: \_\_\_\_\_

Does the child have any illnesses, disabilities, or injuries? (physical or mental):  Yes  No

If yes, please list: \_\_\_\_\_

Is there a specific camp activity you do NOT want the child to participate in?:  Yes  No

If yes, please list: \_\_\_\_\_

### 2. Over-the-Counter Medication

I hereby give Ray of Hope camp staff permission to administer the following products according to manufacturer's instructions. I trust Ray of Hope camp staff to use their best judgment as situations arise, and, if in doubt, they can call for verification.

- Yes, I give permission for any of the following to be administered to my child as needed  
 No, I do not give permission for any of the following to be administered to my child

- Sunblock
- Tylenol/Ibuprofen
- Band-aids
- Insect Repellant
- Lip Balm
- Antiseptic Ointment
- Hydrogen Peroxide
- Rubbing Alcohol
- Anti-Itch Cream
- Cough Syrup
- Cough Drops
- Decongestant
- Antihistamine
- Ipecac Syrup

### 3. Prescription Medications

Does the child currently take any prescription medications? (List all below)  Yes  No

Will Ray of Hope need to administer any prescription medications for the child?  Yes  No

**Please note:** Ray of Hope staff will only administer medication that is in the original container, and will only administer the exact dosage on the container unless we have a doctor's note stating a change in dosage)

Prescription Medication/Dosage/Diagnosis for Medication, and where this medication will be administered:

- \_\_\_\_\_  At home  At Ray of Hope
- \_\_\_\_\_  At home  At Ray of Hope
- \_\_\_\_\_  At home  At Ray of Hope
- \_\_\_\_\_  At home  At Ray of Hope

If needing to be administered at Ray of Hope, how should the above medications be stored?:

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Are there any expected side effects of these medications?:

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#### 4. Medical Release

This child has my permission to engage in all prescribed activities, except as noted above. The undersigned do hereby authorize the directors of Ray of Hope camp or such substitute as they may designate as agency for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the Minor which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment rendered at the office of said physician or dentist, or hospital, camp, or elsewhere. This authorization remains effective while the above said Minor is en route to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Ray of Hope Program Director.

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Signature

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Date

## Release of Confidential Information

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

If there is any educational information, physical or mental healthcare information, or case information that you want a professional to share with Ray of Hope administrative staff, please list their contact information in the following areas.

**Additional Parent/Legal Guardian, Name:** \_\_\_\_\_  
**Contact Phone and Email:** \_\_\_\_\_

**School Personnel, Name** (Teacher, Counselor, Administrator, etc.): \_\_\_\_\_  
**School Name:** \_\_\_\_\_  
**Contact Phone and Email:** \_\_\_\_\_

**Healthcare Provider, Name** (Doctor, Psychologist, Therapist, etc.): \_\_\_\_\_  
**Healthcare Organization Name:** \_\_\_\_\_  
**Contact Phone and Email:** \_\_\_\_\_

**Agency Social Worker(s), Name(s)** (DCYF, CCS, DSHS, etc.): \_\_\_\_\_  
**Agency(s):** \_\_\_\_\_  
**Contact Phone and Email:** \_\_\_\_\_

**Other Contact, Name:** \_\_\_\_\_  
**Contact Phone and Email:** \_\_\_\_\_

**This authorization applies to the following circumstances (check all that apply):**

- Educational Data/IEP
- Social/Developmental
- Psychological
- Medical
- Other: \_\_\_\_\_

**Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Expiration: This authorization is valid from the date signed through August 9th, 2023 (conclusion of Ray of Hope Program)**



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## Photography and Video Release Form

Please check one:

- I hereby grant permission to Rebound of Whatcom County to use photographs and/or video of myself and/or my child taken while participating in any Rebound programs including, but not limited to, the Roots Family Enrichment Program and Ray of Hope Summer Daycamp, in publications, news releases, website, social media, and other communications related to the mission of Rebound of Whatcom County.
- No, I do not grant permission to Rebound of Whatcom County to use photographs and/or video of myself and/or my child taken while participating in Rebound programs.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult, Guardian, or Caregiver of Child listed above

Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home

Email Address (optional): \_\_\_\_\_



### Permission to participate in Field Trips

I, (parent/legal guardian) \_\_\_\_\_ as the undersigned parent or legal guardian of (child) \_\_\_\_\_ do hereby give permission for my child to participate in field trips provided by Rebound of Whatcom County’s Ray of Hope Summer Daycamp program.

Furthermore, I do hereby agree that I will not hold Rebound of Whatcom County, its leadership, or volunteers serving on its behalf, liable in case of accident, injury, and or loss or damage of property in connection with the activity. This shall include any incidents which may occur during, on the way to, or on the way back from the event.

In addition, if I cannot be personally contacted, I give the bearer of this document my permission to authorize any emergency medical care that may be necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Emergency Contact Name/Phone #

\_\_\_\_\_  
Date

### Extended Care

Extended care is available at an additional cost of \$400.00 per child for the duration of the camp. If you have multiple children attending Ray of Hope, small discounts are offered. Extended care begins at 8:30am and ends promptly at 5:30 PM.

- I would like to apply for Ray of Hope Extended Care for my child(ren), and I understand that an additional fee applies.
- I am not interested in applying for Ray of Hope Extended Care. I am able to pick up and drop off my child(ren) during standard Ray of Hope hours.

### Declaration

**Please review the complete Ray of Hope 2023 child application. By signing below, I certify that I have completed this application thoroughly, honestly, and to the best of my ability.**

**I also certify that I am the legal guardian of the child specified, or have been granted authority by the legal guardian or the State of Washington to complete this application on their behalf.**

**This application was completed by:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**All follow up questions/correspondence from Rebound of Whatcom County regarding this application should be directed to:**

- Child's Legal Guardian  Child's Social Worker
- Other (name and phone): \_\_\_\_\_

### After Completing & Returning Application:

1. **Expect a call** from a staff member at Rebound of Whatcom County to notify you that this application has been received. You will also receive a confirmation letter from Rebound of Whatcom County by mail. The letter may contain further instructions required to continue processing this child's application.
2. **Following the final completion of this application**, you will be notified of the child's placement status in the Ray of Hope program. Thank you!