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*For people with intellectual and developmental disabilities*

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## 2026 Summer Programming Important Dates & Reminders

**Reminder:** If your child participates in the Wood County Board of Education extended school year sessions, please remind his/her teachers and aides that they also participate in The Arc's Summer Day Program so they can be given slots in the morning. It is **imperative** that they are aware of this before the extended school year schedule is determined for your child, because if they are given afternoon slots, your child won't have the opportunity to participate in our swimming or other community activities and field trips.

- |   |                                |
|---|--------------------------------|
| <input checked="" type="checkbox"/> The Arc's Summer Day Program packet due in The Arc office | May 1st by 4:00 pm             |
| <input checked="" type="checkbox"/> Summer Day Program Starts                                 | Monday - June 15 <sup>th</sup> |
| <input checked="" type="checkbox"/> Summer Day Program Ends                                   | Friday - July 10 <sup>th</sup> |

**Your child will not be able to start the program until all necessary documents are turned in.**

### **Documents Required for Participation include:**

- The Summer Day Program Registration Form
- The Liability Waiver and Participation Checklist (must be signed and notarized)
- A current copy of their IEP and Behavior Support Plan
- A copy of their Medical Insurance Card
- Family Support Application (if applicable)



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**SUMMER DAY PROGRAM REGISTRATION  
AND INFORMATION FORM**

Participant's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Names of Parents or Guardian: \_\_\_\_\_

In case of emergency and the parent can't be reached, contact:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

Participant's Medical Diagnosis: \_\_\_\_\_

Physician(s): \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance carrier or medical card number: \_\_\_\_\_

(please provide a copy of the card)

In case of emergency, every effort will be made to contact the people listed. Minor injuries requiring first aid will be treated by program volunteers or staff. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment.

\_\_\_\_\_  
(signature of parent or guardian)

If you have any special instructions regarding your student, please list and explain them below:

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Medications (prescribed AND over the counter) to be given or special procedures to be completed between 8:30 am and 4:00 pm:

Medication name: \_\_\_\_\_ Time \_\_\_\_\_ Dose \_\_\_\_\_ Comments \_\_\_\_\_

Medication name: \_\_\_\_\_ Time \_\_\_\_\_ Dose \_\_\_\_\_ Comments \_\_\_\_\_

Medication name: \_\_\_\_\_ Time \_\_\_\_\_ Dose \_\_\_\_\_ Comments \_\_\_\_\_

Other: \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

Other: \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

Please list any assistive devices or equipment used by the student. \_\_\_\_\_

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Can he/she swim?  Yes  No  With Assistance

Does he/she mind being in groups?  Yes  No

Does he/she have seizures?  Yes  No if yes, how frequently? \_\_\_\_\_ date of last seizure? \_\_\_\_\_

Does he/she have any toileting or personal care needs?  Yes  No if yes, please explain \_\_\_\_\_

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Can he/she feed him/herself?  Yes  No  With Assistance Does he/she choke easily?  Yes  No

Does he/she have any food allergies?  Yes  No If yes, what? \_\_\_\_\_

Is he/she a flight risk or is there a history of running off?  Yes  No

If yes, does he/she have a Project Lifesaver bracelet?  Yes  No If yes, the Frequency # is: \_\_\_\_\_

Describe any walking or physical activity concern: \_\_\_\_\_

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Describe how your child communicates: \_\_\_\_\_

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Identify any other conditions or special needs, fears, allergies, sensory accommodation, or behaviors we should know about: \_\_\_\_\_

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If my child is accepted into the summer day program, I would be able to pay \$ \_\_\_\_\_ per week. I will pay this amount  
 weekly  at the end of the program  Please bill me for the amount  
 I cannot pay and will need to access Family Support Services

**Approved Pick Up Adults for your Student** (Please list everyone who may potentially pick up your student including siblings. We will not release a participant to anyone not on this list without a phone conversation with Alexis.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Will your student have staff accompanying them to camp? \_\_\_\_\_ (Y/N) If so, please list their name or agency contact above

**\*\*Please note:** While the main programming will stop at 2:30 pm, we are providing **late pick-up until 4:00 pm**. Please indicate whether you plan to use this late pickup or not: \_\_\_\_\_ (Y/N)

**\*\*\*\***To ensure the safety of all students, we will check the identification of everyone coming to pick up your student unless they are the primary pick up person and we know them. There will be no exceptions to this. Please let each person picking up know. If there is an emergency and someone who is not on the approved pick-up list is picking up your student, you need to contact the Camp Director (Alexis Ullmann) as soon as possible and let them know (Phone: 681-541-9759). The Arc of the MOV Chief Operating Manager (Doug Hess) can be reached in the event Alexis cannot be left a message (Phone: 681-541-9763).

**REMEMBER, WE ARE AT THE CHURCH AND/OR OUT IN THE COMMUNITY SO USING THIS CELL IS THE BEST WAY TO REACH US DURING CAMP.**



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**SUMMER DAY PROGRAMMING  
LIABILITY WAIVER AND PARTICIPATION CHECKLIST**


*GENERAL PERMISSION, POLICY INFORMATION, EMERGENCY RELEASE FORM,  
PROMOTIONAL WAIVER, AND FEE POLICY AGREEMENT:*

**PARTICIPANT'S NAME:** \_\_\_\_\_ **PARENT NAME:** \_\_\_\_\_


*ALL ITEMS MUST BE REVIEWED AND **INITIALED**. SIGNATURE REQUIRED AT THE END OF THE FORM (ON REVERSE SIDE)  
STATING YOU HAVE READ AND AGREE WITH THE FOLLOWING ITEMS:*


\_\_\_\_\_  I hereby grant permission for the above-named minor/adult self to use all the equipment and to participate in all of the activities of The Arc of the Mid Ohio Valley's Summer Day Program. I will notify the Program Director **in writing** if and when I do not wish the above-named minor to participate in a specific activity.


\_\_\_\_\_  I hereby grant permission for the above name minor/adult self to leave The Arc of the Mid Ohio Valley's Summer Day Program facility premises under the supervision of staff a member for off campus events


\_\_\_\_\_  I hereby grant permission for the above-named minor/adult to be transported in vehicles rented by The Arc of the Mid Ohio Valley, or in vehicles owned by The Arc of the Mid Ohio Valley, and that recreational, educational, volunteer, and field trip activities will take place at locations throughout Wood and surrounding counties.

\_\_\_\_\_  I hereby grant permission for The Arc of the Mid Ohio Valley's Summer Day Program to seek **EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT** for the above-named minor or adult self.


\_\_\_\_\_  I hereby grant permission for the above-named minor/adult self to be included in promotional pictures for The Arc of the Mid Ohio Valley brochures and publications.


\_\_\_\_\_  I hereby consent to the photographing, recording, or reproduction in any other manner (including videotapes and audio tapes) of The Arc of the Mid Ohio Valley and its employees to make unlimited use of such reproductions for advertising and recruitment, including, but not limited to, broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participating.


\_\_\_\_\_  I agree to be responsible and understand that **ALL PAPERWORK must be turned in prior to attending program activities.**


\_\_\_\_\_  I understand that The Arc of the Mid Ohio Valley's Summer Day Program will not be responsible for anything that may happen as the result of false information given or for information that has not been updated when changes in address or phone numbers occur. I further understand that I

must have a working phone number where I may be reached or left a message (that I check regularly) so that The Arc of the Mid Ohio Valley's Summer Day Program may contact me when needed.

\_\_\_\_\_  I understand that The Arc of the Mid Ohio Valley will not be responsible for the loss of, or destruction of any jewelry or valuable equipment that is brought with the participant to Summer Day Program. Program staff will not be responsible for monitoring the location or status of any valuables.

\_\_\_\_\_  I understand that The Arc of the Mid Ohio Valley's Summer Day Program will not assume responsibility for the above-named minor/adult self if she/he has not been properly signed in when/he arrives.

\_\_\_\_\_  I understand that my child/I may be visiting pool (City, County, or Park) as part of the daily curriculum of The Arc of the Mid Ohio Valley's Summer Day Program. I understand that I must provide proper swimwear, towel, and sunscreen (if there is a specific type needed).

\_\_\_\_\_  I also understand while at The Arc of the Mid Ohio Valley's Summer Day Program, I hold The Arc of the Mid Ohio Valley, its agents, officers, volunteers, and employees, harmless and indemnifies the same from any claims relating to the participant's activities that arise from or are in any manner connected with The Arc of the Mid Ohio Valley's Summer Day Program Day.

I AM THE CUSTODIAL PARENT/GUARDIAN OF THE ABOVE-NAMED MINOR AND HAVE READ AND AGREE TO THE ABOVE STATEMENTS LISTED ON THE ARC OF THE MID OHIO VALLEY'S SUMMER DAY PROGRAM CAMP POLICY & PERMISSION AGREEMENT FORM.

*(FOR SINGLE PARENT/GUARDIANSHIP FAMILIES, THE CUSTODIAL PARENT OR GUARDIAN MUST SIGN BELOW.)*

Mother's/Guardian's Name *(please print)* \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ DATE \_\_\_\_\_

Father's/Guardian's Name *(please print)* \_\_\_\_\_

Father's/Guardian's Signature \_\_\_\_\_ DATE \_\_\_\_\_

**Parent/ Guardian to Sign this Portion in Front of a Notary Public. The Arc employs a Notary Public but we request you schedule a time to sign with them on a M/T/W/F between 9a-5p by calling 304-422-3151 Ext. 107**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires: