



February 6, 2026

Dear Families,

We hope you are having a wonderful school year. We can't wait to get back into the swing of things!

Enclosed, please find the 2026 application for Camp Colonie. (**Camp dates are July 6 - August 14 and Camp is in session from 9am-3pm**). Please take the time to fill out the application thoughtfully, as the more information we have about your child, the more prepared we will be to meet his or her needs. Below is a checklist to ensure your application is complete. **ALL MEDICAL PAPERWORK MUST BE RECEIVED NO LATER THAN JUNE 1.**

For those of you who are sending your children through the school districts, please communicate with them. We are also gathering lists from the schools to plan our summer. If in doubt, send in the application! Children who are not approved for ESY are still eligible to come to camp. We look forward to seeing you all!

Sincerely,

Mary Moran Ph.D.

Easter Seals NY, Inc.  
Mobile: 978-807-9260  
Email: [mmoran@eastersealsny.org](mailto:mmoran@eastersealsny.org)

---

**IMPORTANT INFORMATION:**

- ANY MEDICATIONS GIVEN AT CAMP MUST HAVE A PRESCRIPTION ON FILE WITH THE NURSE.**
- YOUR CHILD'S IMMUNIZATION RECORDS AND LATEST PHYSICAL MUST BE SENT OR EMAILED TO CAMP COLONIE BY JUNE 1<sup>st</sup>.**
- PLEASE PROVIDE MULTIPLE PHONE NUMBERS FOR US TO CONTACT YOU.**
- PLEASE PROVIDE DETAILED EMERGENCY CONTACT INFORMATION.**
- THERE IS NO REGISTRATION FEE.**
- PLEASE SIGN THE MEDICAL, SWIMMING, AND SUNSCREEN RELEASE.**
- PLEASE CHECK THE APPROPRIATE BOX AND SIGN THE PHOTOGRAPHIC RELEASE FORM.**

**ITEMS TO NOTE:**

- School districts will be able to advise you whether transportation will be available for their students. We do not provide transportation otherwise.**
- We do not have refrigeration at camp. Please consider this when you pack lunch for your child.**
- Our slots fill up very quickly. We cannot guarantee a slot at camp without an application.**
- Please write clearly and do not leave any part of the application blank as it will delay registration for your child.**
- If you expect to use OPWDD or self-determination funds, Camp Colonie must be in your plan. Please talk to your OPWDD contact.**

Easter Seals Camp Colonie is a unique educational and recreational summer experience for children with special needs at Colonie Mohawk River Park, Cohoes, NY. We have a long history of academic and social success with children ages 5-21, and we look forward to providing your child with a rewarding summer. When your application is complete, please mail it to our address: Easter Seals NY ATTN: Michele Nieves, 97 Old Route 6 Suite 7, Carmel NY, 10512 or scan and email to [mnieves@eastersealsny.org](mailto:mnieves@eastersealsny.org). **Email is faster and perhaps more reliable.**



Attach photo of camper here

## 2026 SUMMER CAMP APPLICATION

**MUST BE FULLY COMPLETED BEFORE CAMPER IS CONFIRMED**

**Phone:** Mary Moran at 978-807-9260 **with questions**

**Email:** [mnieves@eastersealsny.org](mailto:mnieves@eastersealsny.org) **applications**

**Mail to:** Easter Seals NY ATTN: Michele Nieves, 97 Old Route 6 Suite 7, Carmel NY, 10512

Camp Colonie is a program of Easter Seals New York. This information is required for Camp Colonie's use only in helping to make the applicant's camp experience positive and enjoyable and will be held in the strictest confidence.

**Please indicate program choice:**

- Day Camp/Private Pay**
- School/ESY (CSE Approved School Placement ONLY)**
- Self-direction/OPWDD-ID number \_\_\_\_\_ (Please forward your plan/budget)**

---

Last Name	First Name	Sex	DOB	Grade entering in Sept 2026
-----------	------------	-----	-----	-----------------------------

---

Camper's Address	City	State	Zip
------------------	------	-------	-----

---

**Custody Status (Please check one)**      Joint \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Guardian(s) (and relationship to camper)** \_\_\_\_\_

**Guardian's address (if different from camper's)** \_\_\_\_\_

**Guardian's primary phone number** \_\_\_\_\_ **Secondary phone number** \_\_\_\_\_

**Primary email address** \_\_\_\_\_

**Emergency contact and relationship** \_\_\_\_\_ **Phone 1** \_\_\_\_\_ **Phone 2** \_\_\_\_\_

**Parent/guardian place of employment** \_\_\_\_\_

**Camper's school and district** \_\_\_\_\_

**A one-on-one aide is needed for this camper and is listed on the IEP for Extended School Year** Yes \_\_\_\_\_ No \_\_\_\_\_  
**We do not provide 1:1 aides for any other campers.**

**Please note only related services listed on your child's ESY IEP will be provided if Camp is your child's approved summer school placement. We do not provide therapies for day campers.**

**Please indicate which sessions you request for your child to attend Camp Colonie:**

<input type="checkbox"/> <b>Session 1 - July 6-10</b>	<input type="checkbox"/> <b>Session 4 - July 27-31</b>
<input type="checkbox"/> <b>Session 2 - July 13-17</b>	<input type="checkbox"/> <b>Session 5 - August 3-7</b>
<input type="checkbox"/> <b>Session 3 - July 20-24</b>	<input type="checkbox"/> <b>Session 6 - August 10-14</b>

**TRANSPORTATION INFORMATION AND REQUEST FORM**

School students will be transported by the district. You will be contacted by the bus company a few days before your child begins camp.

Yes, I would like to use the transportation provided by my school district.

No, I do not need to use transportation.

**ONLY THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK MY CHILD UP FROM CAMP.** (Those picking up your child from camp must have ID to be checked by staff) and know a password you have determined. If someone else will be picking up your child, please call us!

---

**\*\*\*Camp Colonie is permitted and inspected twice annually by Albany County Department of Health. Copies of these inspections are maintained at Albany County Dept. Of Health 175 Green St. Albany NY 12201**

**CAMPER INFORMATION**

Please list any and all disabilities with which your child is diagnosed, including developmental, emotional/behavioral and physical.

---

**PERSONAL HISTORY :**

Height \_\_\_\_\_ Weight \_\_\_\_\_

**EATING:** No assist \_\_\_\_\_ Partial assist \_\_\_\_\_ Total assist \_\_\_\_\_

**Special diet or food restrictions (diabetic, low salt, blended, etc).** \_\_\_\_\_

**Does camper have any difficulty swallowing?** Yes \_\_\_\_\_ No \_\_\_\_\_

**HEARING:** Normal \_\_\_\_\_ Hard of hearing \_\_\_\_\_ Total loss \_\_\_\_\_

**SPEECH:** Normal \_\_\_\_\_ Mildly affected \_\_\_\_\_ Severely affected \_\_\_\_\_ Nonverbal \_\_\_\_\_

**COMMUNICATION:** Verbal \_\_\_\_\_ Sign language \_\_\_\_\_ Communication board or augmentative device \_\_\_\_\_  
Other (please explain) \_\_\_\_\_

**VISION:** Normal \_\_\_\_\_ Partial loss \_\_\_\_\_ Legally blind \_\_\_\_\_

**MOBILITY:** Walks \_\_\_\_\_ Crutches \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair-manual \_\_\_\_\_ Electric \_\_\_\_\_ Other \_\_\_\_\_  
**Does camper independently operate wheelchair?** Yes \_\_\_\_\_ No \_\_\_\_\_

**ADAPTIVE DEVICES:** None \_\_\_\_\_ If any, please explain \_\_\_\_\_

**TOILETING:** Bladder Control: Normal/No assist \_\_\_\_\_ Occasional Incontinence \_\_\_\_\_

Partial assist \_\_\_\_\_ Total assist \_\_\_\_\_

Bowel Control: Normal/No assist \_\_\_\_\_ Partial assist \_\_\_\_\_ Total assist \_\_\_\_\_

Please specify any toileting needs: \_\_\_\_\_

**DRESSING:** No assist \_\_\_\_\_ Partial assist \_\_\_\_\_ Total assist \_\_\_\_\_

**BEHAVIOR PLAN:** Yes \_\_\_\_\_ No \_\_\_\_\_

**\*IF YOUR CHILD IS ON A BEHAVIOR PLAN AT SCHOOL OR AT HOME, PLEASE INCLUDE IT WITH THIS APPLICATION SO WE CAN ENSURE CONSISTENCY WITH THE HOME OR SCHOOL'S PLAN.**

**CAMP FEE**

**\$566.00 for one week of Day Camp.**

**Students with 12 month IEPs enrolled in summer school are paid for by the child's school district.**

### **PHOTOGRAPHIC RELEASE**

I hereby grant permission for said camper to be photographed, with such pictures and names to be used in public relations and fund-raising efforts to promote programs of Camp Colonie and Easter Seals New York, Inc.

I do **NOT** grant permission for said camper to be photographed, with such pictures and names to be used in public relations and fund-raising efforts to promote programs of Camp Colonie and Easter Seals New York, Inc.

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

### **SWIMMING RELEASE**

I hereby grant permission for camper to swim/be in the water in the Colonie Mohawk River Park pool during the time allotted for Camp Colonie.

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

### **MEDICAL RELEASE**

I hereby grant permission to the Camp Colonie and/or authorized representatives to furnish or arrange for the furnishing of such hospital and/or medical care as \_\_\_\_\_ (camper name) may require during such time as he/she is at Easter Seals' Camp Colonie. This medical care shall include, but not be limited to, examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc. This permission is conditioned upon the understanding that in an event of serious illness or accident, or in the event of a need for hospital services and/or major surgery, said person will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of the said camper. For and in consideration of said covenants, the camper and the undersigned hereby release, acquit, and covenant to hold harmless the said Camp Physician/Camp Nurse / Camp Medical Director and all other persons, firms, and corporations from all claims, damages, and causes of action of whatever nature which may accrue to the said camper or the undersigned, their heirs, executors, administrators and legal representatives and assigns, arising out of any of the above procedures.

---

Signature \_\_\_\_\_ (Parent or guardian) Print Name \_\_\_\_\_ Date \_\_\_\_\_

### **SUNSCREEN APPLICATION PERMISSION**

I hereby grant permission to the staff at Camp Colonie to apply sunscreen, as needed, to my child if they need help doing so or are unable to apply it by themselves.

---

Signature \_\_\_\_\_ (Parent or guardian) Print Name \_\_\_\_\_ Date \_\_\_\_\_

### **Insurance Coverage for accidents or illnesses while at Camp Colonie is the responsibility of the camper and/or their family.**

Please list your family health, accident, medical, or hospital insurance coverage:

CARRIER \_\_\_\_\_ POLICY OR GROUP NO. \_\_\_\_\_

MEDICARE NO. \_\_\_\_\_ MEDICAID NO. \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

### **MEDICAL INFORMATION- EVERY BLANK MUST BE COMPLETED!!**

Please enclose with this application:

**IMMUNIZATION RECORDS AND LATEST PHYSICAL.**

**A copy of the physician prescriptions along with detailed and complete written instructions for any medication given at camp.**

**The camper's physician MUST sign this form for any medications given at camp even if there is a prescription!**

Allergies to medications or food? \_\_\_\_\_

Medical or behavioral issues (actions when upset, aggression, withdrawing, etc). \_\_\_\_\_

Recent illness or hospitalizations? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

**MEDICATIONS:** Please list all medication, dosages, and times medication is to be taken, **including medication given only at home.** Please be accurate and complete. Use an additional sheet if necessary.

Name of medication      Dosage (mg)      # of pills      Times to be taken (or please write "home")

---

---

---

**\*IF NO MEDICATIONS TAKEN, PLEASE WRITE "NONE".**

**\*PARENT OR LEGAL GUARDIAN MUST GIVE MEDICATION DIRECTLY TO THE NURSE. DO NOT GIVE MEDICATION TO YOUR CHILD OR SEND IT ON THE BUS.**

**\*ALL MEDICATIONS GIVEN AT CAMP MUST HAVE A DOCTOR SIGNED PRESCRIPTION ON FILE WITH THE CAMP NURSE.**

**\*PLEASE NOTE:** Camp nurse MUST be notified if the above medications change between the time application is submitted and the actual camp date. Camp Colonie Staff provides routine health care to all campers, staff, volunteers, and visitors as necessary. Registered nurse delivers routine prescription medications. Beginning June 1<sup>st</sup>, the Camp's Director of Health Services will be available for consultation on any special considerations or concerns. By signing this I agree to allow Camp Colonie to administer the above prescribed medications and any necessary over-the-counter medications to \_\_\_\_\_ (camper name). I am waiving all claims that might arise from the administration of said medication(s).

Parent/Guardian's Signature: \_\_\_\_\_

**\*IF THERE IS ANY OTHER INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD, PLEASE ATTACH A SEPARATE PIECE OF PAPER WITH THIS APPLICATION.**

Dear Parent/Guardian:

Due to a change in New York State Education Department regulations, the following medications will only be administered at Easter Seals Camp Colonie with your health care provider's written order and your written permission. Some of the medications available at camp are listed below.

Please have your health care provider check the medications appropriate for your child. Only one camper per form. Each camper must have this individual medication order on file.

	<u>Comments</u>
<input type="checkbox"/> Acetaminophen - 325 mg - pain relief	_____
<input type="checkbox"/> Acetaminophen - 80 mg - liquid/chewable - pain	_____
<input type="checkbox"/> Antacid - liquid - relief of upset stomach	_____
<input type="checkbox"/> Bacitracin topical ointment	_____
<input type="checkbox"/> Benadryl topical cream	_____
<input type="checkbox"/> Benzolkonium - antiseptic solution	_____
<input type="checkbox"/> Calamine - relieves itching	_____
<input type="checkbox"/> Chloraseptic Spray	_____
<input type="checkbox"/> Hydrocortisone topical cream 1%	_____
<input type="checkbox"/> Orajel - oral pain relief	_____
<input type="checkbox"/> Vaseline Lotion and Ointment	_____

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ Health Care Provider's signature \_\_\_\_\_ Telephone # \_\_\_\_\_

\* Please print or stamp Health Provider name \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian's signature \_\_\_\_\_ Telephone # \_\_\_\_\_

Please send all your materials to Michele Nieves [mnieves@eastersealsny.org](mailto:mnieves@eastersealsny.org).