

Spring Break – Break

We are still planning on having our spring break respite program, below are more details regarding this program:

Note: The program will only run if there is a minimum of 30 participants signed up. 40 Participants will be our maximum number. **March 1, 2010 is the deadline to sign up.**

When: March 15 – 19 from 8:30 AM to 4:30 PM (drop off/pick up TBD)

Cost: \$150.00 for the full week. This will provide a 1:5 ratio for your child. HCBS hours can be used. The price for this is \$105.00 for the week. In order to use these hours The Arc must have a copy of the Plan of Care. The hours used for the week will be determined by ratio. A 1:3 will use 13.25 hours. A 1:2 will use 20 hours. A 1:1 will use 40 hours. Daily rates will be provided on request.

Meals: Please pack a sack lunch for your child Monday, Tuesday Thursday. We will have one meal out in the community on Wednesday and Friday we will provide a picnic lunch for the group. We will provide drinks and snacks.

Medication:

If your child takes medication please individually package the pills with the child's name and time to administer on the outside of the package. There are med packets available at The Arc as well.

Swimsuit & Extra Clothing:

We will be swimming. Please remember your swimsuit. Please bring extra clothing and/or pull-ups if your child might need them.

Overnighter: We will not have an overnighter during Spring Break.

Activities: We are still working on setting up activities. Weather will determine what activities we will be able to participate in but some of the activities we are considering include:

- Horseback Riding
- Crafts
- Indoor Swimming
- Movies
- Zoo
- Bowling

If you know of any low or no cost activities in the area (both indoor or outdoor) that you would like to suggest, please let us know!

A schedule will be sent out to all who have signed up by March 8 with more information

Spring Break-Break

Please fill out this form and bring it to your first day of Spring Break

Child's Name: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____

Emergency Contact Name/Number _____

Important Notes: _____

Appointment of Agent

I hereby appoint The Arc of Sedgwick County as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care for the treatment of (Participant's Name) _____ for any illness or injury that may occur while such person is in the care or custody of The Arc between the dates of March 15 2010 and March 19 2010. While I am not immediately available to give such consent.

Signature of Participant/Parent/Guardian

Date

Transportation Consent

This is my permission to The Arc of Sedgwick County to transport, under supervision, (Participant's Name) _____ to places deemed necessary for the interest of the participant and/or in times of medical emergency to the appropriate agency for the period of March 15 2010 and March 19 2010.

Signature of Participant/Parent/Guardian

Date