



**Spring Break – Break 2018**  
**March 19 – 23**  
**8:00 am - 4:30 pm**

*Join us for a great week of fun with friends offering a wonderful support for working parents.*

**Deadline Date for Registration: March 5, 2018**  
**Late registrations will be charged an extra \$10 per day.**

**Note:** The program will only run if there is a minimum of 20 participants. 40 is the maximum number of participants

**Cost:** If you are not sure your membership is current please contact Kim by calling 943-1191. A fee of **\$200.00 for the week** provides a 1:5 staffing ratio for your child. If you child requires a staffing ratio other than 1:5, fees will increase. Please call for more information.

**HCBS rate is \$125 for the week.** HCBS Supportive Home Care hours can be used to cover the staffing cost, if you have the funding. You must work with your targeted case manager who will work with your Managed Care Organization to authorize and approve the hours for The Arc on your Individual Support Plan (ISP). The Arc must have the approved ISP for you to receive the HCBS rate. The hours used for the week will be determined by ratio: 1:3 will use up to 15 hours; 1:2 will use 22.5 hours; 1:1 will use 45 hours.

**Deposit:** a nonrefundable deposit of \$50 is due by March 5, 2018 to ensure your child's spot.

**Requirements:** You must have a current membership to The Arc, current consents must be signed and a current physical signed by your doctor dated within the last two years, and all personal information must be current.

**Meals:** Please pack a sack lunch for your child Monday, Tuesday, Wednesday and Thursday. We will provide one meal on Friday. 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, if you need them.

**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.

**Activities:** A schedule will be sent out to all who have signed up by March 5, 2018 with more information.

*The Arc of Sedgwick County is a non-profit organization whose mission is to improve the quality of life for thousands of local individuals and families living with developmental disabilities. Through its seven major initiatives and hundreds of special programs the group provides educational and social opportunities to enhance development of individual potential while advocating for support and services in the community.*

# Spring Break – Break 2018

*Please fill out this form and return with deposit before March 5, 2018*

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

Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Alt. 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 19, –March 23, 2018. 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 19, –March 23, 2018.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date

## Publicity Consent

I hereby give my permission to The Arc of Sedgwick County and/or United Way to allow the use of (Participant's Name) \_\_\_\_\_ 's name and/or use photographs, audio recording, or video tape of activities in which he/she participates in any appropriate manner during the period of March 19, –March 23, 2018.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date