



**APPLICATIONS:** will be filled on a first-come, first-serve basis.

**INTAKE INTERVIEW:** All new clients are required to have a face-to-face (or phone) intake interview prior to acceptance into any recreational program. You will be called to schedule this interview.

**PAYMENT:** All accounts must be up to date prior to attendance. All third-party payers or outside funding sources must have prior authorizations in place prior to attendance. You will be required to sign a Payment and Cancellation Policy upon acceptance into any recreational program.

**Please complete if applicable:**

Does client receive support from a County Board of Developmental Disabilities:  YES  NO

If client has a County Board of Developmental Disabilities Support Administrator, please provide:

SA Name: \_\_\_\_\_ Phone # \_\_\_\_\_

If camp costs will be funded through **IO Waivers** or **Level 1 Waivers**, please complete the following checklist:

\_\_\_\_\_ **YES**, camp costs will be funded through IO Waivers

\_\_\_\_\_ **YES**, camp costs will be funded through Level 1 Waivers

**ISP or Behavior Plan must be received prior to attendance.**

**ISP Addendum or Behavior Plan that lists Camp Cheerful as the Service Provider, and the units/services being provided, must be received prior to attendance.**

**IEP (Individualized Education Plan).**

(Please provide the most current copy. Updated copies may be forwarded at any time.)

Please check the appropriate box:  **Has a current IEP**  **Does not have an IEP**

**Foster Care - If client is in foster care, please complete.**

Case worker name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Achievement Centers for Children Services**

Check here if interested in receiving services and/or information about Outpatient Rehabilitation Services offered through the Achievement Centers for Children. Circle all that apply: OT PT ST MH/Counseling

**Please sign below stating that you have read and understand the information listed in the application. If the application is not signed, it will not be processed.**

\_\_\_\_\_  
Parent/Guardian/Client Signature

\_\_\_\_\_  
Date

**Return application packet to: Champ Cheerful, 15000 Cheerful Lane, Strongsville, OH 44136  
Direct any questions to the Camp Office at 440-238-6200**

Thank you for your interest in the **Achievement Centers for Children's Camp Cheerful!** Included is the 2011 **Cheerful Day Camp** application packet. Please complete all forms, signing and dating where applicable, and return to:

Camp Cheerful, 15000 Cheerful Lane, Strongsville, OH 44136

\*\*\*\*\*OR\*\*\*\*\*

**WE ENCOURAGE YOU TO** streamline the process, save paper, postage, and the environment by registering on-line at our agency website: [www.achievementcenters.org](http://www.achievementcenters.org)

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### ATTENTION CLIENTS

- **NO PRICE INCREASE FOR 2011!!!**
- **FIELD TRIP WEEK IS JUNE 20-24. CAMPERS WILL TAKE A FIELD TRIP EACH DAY OF THE WEEK (TO BE DETERMINED).**
- **THERE WILL BE NO CAMP ON MONDAY, JULY 4<sup>TH</sup>.**
- **THE THERAPEUTIC HORSEMANSHIP PROGRAM WILL OFFER 1 RIDING CLASS A WEEK AT \$30.00 AND/OR 1 GROUND LESSON A WEEK AT \$20.00.**
- **THE HIGH ROPES CLIMBING TOWER WILL AGAIN BE OFFERED FOR AN ADDITIONAL FEE OF \$15.00 PER CLIMB (MAXIMUM 2 TIMES PER WEEK).**

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### IMPORTANT INFORMATION

- The one-time, \$35.00 non-refundable application fee must accompany the application or it will NOT BE PROCESSED. This fee is NOT part of the camp costs.
- When registering, you may register for one session or multiple sessions. Applications will be accepted on a first-come, first-serve basis.
- **Payment Policy for 2011:** payment in full for all sessions is due June 1<sup>st</sup>, unless you anticipate using outside agency funding. Outstanding accounts after this date are subject to losing their guaranteed slot. Late applications will be accepted per availability; however, payment will be DUE IN FULL WITH THE APPLICATION.
- **Cancellations:** Your signed application registers you for and commits you to attend camp unless a cancellation is made, IN WRITING, by June 1<sup>st</sup>. Late cancellations or "No Shows" will result in a charge of ½ the session fee.
- **IO Waiver and Level 1 Waiver Funding:** To utilize the waiver for funding an ISP or ISP Addendum listing Camp Cheerful as the service provider must be forwarded to the camp office prior to attendance. Contact your County Board Support Administrator for more information.
- **Outside Agency Funding:** If you have utilized other agency funding sources in the past, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Camp stating the amount of funding available and the session dates. Without this proof of funding, the client/family will be financially responsible for all camp costs prior to the start of the session.

After your application has been processed, forms requiring signatures will be mailed to you for completion.



# The Achievement Centers for Children RECREATIONAL PROGRAMS Client Informational Form

Client Name \_\_\_\_\_

## **GENERAL INFORMATION FOR ALL RECREATIONAL PROGRAMS**

Primary Disability \_\_\_\_\_  No Disability

Secondary Disability (if applicable) \_\_\_\_\_

School or workshop currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Enrolled in special class?  YES or  NO What type? \_\_\_\_\_

Enrolled in therapy?  YES or  NO What type? \_\_\_\_\_

Does client need 1:1 supervision (in school, at home, at workshop, for field trips, etc.)?  YES or  NO

Explain \_\_\_\_\_  
\_\_\_\_\_

### **SPECIAL CONCERNS:** Please check all that apply

- Shyness
- Divorced or separated parents
- Afraid of Heights
- Physical activity must be monitored or restricted (Explain) \_\_\_\_\_
- None/no special concerns

### **SOCIAL CONCERNS:** Please check all that apply

- Reacts to frustration
  - Does not like group participation
  - Has poor peer relationships
  - Does not like supervision or authority
  - None/no concerns
- Explain \_\_\_\_\_  
\_\_\_\_\_

### **LANGUAGE AND COMMUNICATION:** Please check all that apply

- Uses sign language
  - Uses Communication Device
  - Picture exchange
  - Has difficulty speaking
  - Has difficulty being understood
  - Understands verbal instructions
  - Has no communication needs
- Please describe special words and phrases used at home that would be helpful for communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EQUIPMENT:** Please check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Able to walk alone                  | <input type="checkbox"/> Uses hearing aid  |
| <input type="checkbox"/> Uses crutches or cane               | <input type="checkbox"/> PE Tubes          |
| <input type="checkbox"/> Uses walker                         | <input type="checkbox"/> Eyeglasses        |
| <input type="checkbox"/> Uses wheelchair/manual              | <input type="checkbox"/> AFO's             |
| <input type="checkbox"/> Needs assistance pushing wheelchair | <input type="checkbox"/> None/no equipment |
| <input type="checkbox"/> Uses wheelchair/power               |  |

Will any equipment accompany client to the program?  YES or  NO Explain \_\_\_\_\_  
\_\_\_\_\_

**COORDINATION:** Please check all that apply

- Right Arm/Hand Use       Good       Fair       Poor
- Left Arm/Hand Use       Good       Fair       Poor
- Right Leg/Foot Use       Good       Fair       Poor
- Left Leg/Foot Use       Good       Fair       Poor
- Balance                       Good       Fair       Poor

**SENSORY ISSUES:** Please check all that apply

- Tactile/Touch
- Auditory/Sound
- Visual
- Balance
- Clumsiness
- None/No sensory concerns

Explain sensory concerns and/or strategies: \_\_\_\_\_

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

**BEHAVIORS:** Has client ever displayed the following? Please check a response for each:

- Hitting                       Current       Past       Never
- Pinching                     Current       Past       Never
- Hair Pulling                 Current       Past       Never
- Biting                         Current       Past       Never
- Kicking                       Current       Past       Never
- Spitting                      Current       Past       Never
- Scratching                  Current       Past       Never
- Bullying                      Current       Past       Never
- Stealing                      Current       Past       Never
- Lying                          Current       Past       Never
- Swearing                     Current       Past       Never
- Wandering                  Current       Past       Never
- Withdrawal                  Current       Past       Never
- Impulsivity                  Current       Past       Never
- Non-compliance             Current       Past       Never
- Mood Swings                Current       Past       Never
- Verbal Threats              Current       Past       Never
- Throwing Objects          Current       Past       Never
- Oral Stimulation (biting, chewing)  Current       Past       Never
- Hand Flapping              Current       Past       Never
- Head Banging               Current       Past       Never
- Rocking                       Current       Past       Never
- Inflicts self injury         Current       Past       Never
- Disrobing                   Current       Past       Never
- Anxiety/depression         Current       Past       Never
- Sexual acting out          Current       Past       Never
- Genital stimulation        Current       Past       Never
- Suicidal Ideation          Current       Past       Never
- Enuresis (urination accidents)  Current       Past       Never
- Encopresis (bowel accidents)  Current       Past       Never

Please describe any behaviors or behavior strategies: \_\_\_\_\_

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

**SPECIAL INTERESTS OR SKILLS** \_\_\_\_\_

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

**FOR CLIENTS ATTENDING WEEKEND RESPITE or RESIDENT CAMP PROGRAMS ONLY**

Has client ever attended an overnight camp before?  YES  NO

Where and When \_\_\_\_\_

**HYGIENE:**

Does camper brush teeth independently?  YES  NO  
Does camper shower independently?  YES  NO  
Does camper avoid showering, bathing or brushing teeth?  YES  NO

If you answered yes to any of the above questions, please provide suggestions of special techniques used at home \_\_\_\_\_

**SLEEPING HABITS:** Please check all that apply

- Sleep walks (where, how long, etc.)
- Needs special positioning (explain)
- Needs to be turned (how often)
- Wets bed (how is it handled)
- Talks in sleep/snores
- No sleeping concerns
- Other sleeping concerns (explain)

Please provide any necessary description or explanation for the items you checked on the above questions \_\_\_\_\_

**SPECIAL CONCERNS:** Please check all that apply

- First time away from home
- Homesickness
- None

**FOR CLIENTS PARTICIPATING IN THERAPEUTIC HORSEMANSHIP**

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

**TRUNK CONTROL:** Please check all that apply

- Sits up on own
- Hypertonic movement (High tone – rigid/tight muscle movement)
- Hypotonic movement (Low tone – loose flexibility)

Can client walk independently  YES  NO  
Can client climb stairs  YES  NO  
Can client hold their head up independently  YES  NO  
While standing, can client bend their knees into a squat position  YES  NO  
Can the client wear a helmet?  YES  NO

Has client ever attended a therapeutic riding program before?  YES  NO

Where and When \_\_\_\_\_

**FOR CLIENTS ATTENDING WEEKEND RESPITE, RESIDENT CAMP, DAY CAMP, CHAMP CAMP or SENSATIONAL DAY PROGRAM**

**EATING HABITS:** Please check all that apply

- Needs to be fed
- Needs food cut
- Needs food blended
- Needs help drinking (special cup, straw, etc.)
- Difficulty swallowing (how is it handled)
- Special positioning (explain)
- Special equipment (explain how to use)
- Special diet or food restrictions (explain)
- Food allergies (what food and how is it handled)
- Eats independently/No concerns

Please provide any necessary description or explanation for the items you checked on the above questions \_\_\_\_\_

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**PERSONAL CARE:**

- Does camper need toilet reminders?  YES  NO
- Does camper need lifted onto the toilet?  YES  NO
- Does camper have bowel control?  YES  NO
- Does camper have constipation problems?  YES  NO
- Does camper have bladder control?  YES  NO
- Does camper have a catheter?  YES  NO
- If yes, camper can self catheter  OR camper needs assistance with catheter
- Does camper dress independently?  YES  NO

**PLEASE READ CAREFULLY:** I give consent for myself or my child/client to participate in the activities of the Achievement Centers for Children's Camping and Recreational Programs.

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Signature of Parent/Guardian/Client

Date

**Camp Cheerful is operated by The Achievement Centers for Children and is accredited by the American Camp Association and NARHA (North American Riding for the Handicapped Association).**



**THE ACHIEVEMENT CENTERS FOR CHILDREN CAMP CHEERFUL  
2011**

**CLIMBING TOWER & HIGH ROPES APPLICATION  
FOR SUMMER CHEERFUL DAYS DAY CAMPERS**

Name of Camper \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Campers will have the opportunity to climb around on our 50' high climbing tower and experience the high-rope elements. This state-of-the-art climbing system is fully accessible and one-of-a-kind in northeast Ohio.

Climbing slots will be assigned on a first-come, first-serve basis. **Programs are one hour in length at a cost of \$15 per period.** Campers may register for a maximum of 2 periods per week.

Please note that participation is under the discretion of the instructor based on behavior of participants at the time of climb. Participants must be able to follow instructions at all times for safety reasons. Campers with one-on-one aides may participate if their aide accompanies them up the tower, thus there is an additional charge for the aide to participate. **FEE FOR CAMPERS WITH ONE-ON-ONE AIDES IS \$25 PER CLIMB.**

Please **check** the week(s) that you/your camper want to participate in the Climbing Tower & High Ropes Program and **circle** the number of climbs per week.

**2011 CHEERFUL DAYS DAY CAMP**

Session	Dates	✓ (Check) if registering	Number of Climbs Per Week (Circle One)	
1	June 20 – 24 (field trip week)	N/A	N/A	N/A
2	June 27 – July 1		1X	2X
3	July 5 – 8		1X	2X
4	July 11 – 15		1X	2X
5	July 18 – 22		1X	2X
6	July 25 – 29		1X	2X
7	August 1 – 5		1X	2X
8	August 8 – 12		1X	2X
9	August 15 – 19		1X	2X

**Please NOTE the following:**

\*\* A waiver of liability (the "Release, Waiver, and Assumption of Risk Agreement" form) must be signed by the parent or legal guardian for this program. This form will be included in your waiver packet of forms.

**Please sign below to authorize registration for the Climbing Tower Program.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Office Use Only:

Total # of climbs \_\_\_\_\_ x \$15.00 = \_\_\_\_\_  
With aide Total # of climbs \_\_\_\_\_ x \$25.00 = \_\_\_\_\_

HR /DayApp 01/25/11

B-R



**THE ACHIEVEMENT CENTERS FOR CHILDREN  
CAMP CHEERFUL  
2011  
THERAPEUTIC RIDING CLASSES  
FOR Summer Cheerful Days Day Campers**

Name of Camper \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\*\*\*

**Options:**

Horseback riding – includes games/activities in arena, trail ride (weather permitting).

cost - \$30 (maximum 1X per week)

Ground lesson – includes grooming, leading and other un-mounted activities.

cost - \$20 (maximum 1X per week)

\*\*\*\*\*

Please **check** the activity you wish to register for during the appropriate week. Riding slots and ground lessons are limited and will be filled on a first-come, first-serve basis. **Clients may choose 1 horseback riding slot and/or 1 ground lesson per week.**

**2011 Cheerful Day Camp**

Session	Dates	Horseback Riding \$30	Ground Lesson \$20
1	June 20 – 24 (field trip week)	N/A	N/A
2	June 27 – July 1		
3	July 5 – July 8		
4	July 11 – July 15		
5	July 18 – July 22		
6	July 25 – July 29		
7	August 1 – August 5		
8	August 8 – August 12		
9	August 15– August 19		

**Please NOTE the following:**

- \*\* A physical form, signed and dated by a physician, is mandatory for this program.
- \*\* Per NARHA (North American Riding for the Handicapped Association) guidelines, campers diagnosed with Downs Syndrome require proof of negative Atlantoaxial Instability and Symptoms through an x-ray dated within the last five (5) years.
- \*\* An “Equine Activity Release, Waiver, & Assumption of Risk Agreement” must be signed by the camper, parent, or legal guardian for this program.
- \*\* All forms will be provided after acceptance into the program.

**Please sign below signifying that you authorize the registration for the Therapeutic Riding Program.**

\_\_\_\_\_  
Parent/Guardian/Client Signature

\_\_\_\_\_  
Date

For Office Use Only:

#horseback riding slots \_\_\_\_\_ X \$30 = \_\_\_\_\_ + #ground lessons \_\_\_\_\_ X \$20 = \_\_\_\_\_ Total \_\_\_\_\_

# Statistical Form

**PLEASE NOTE:** The following information is **CONFIDENTIAL**. It is used for statistical reporting needed for potential funding sources.

Number of adults 18 & over living at home \_\_\_\_\_

Number of dependents 18 & under living at home \_\_\_\_\_

**Total number of persons living in home** \_\_\_\_\_

**Total annual income (client + parent/guardian)** \$ \_\_\_\_\_

**Do you anticipate using an outside funding source(s)? Please check [✓] all that apply:**

- [ ] ARC      [ ] County Board of DD      [ ] CMR      [ ] Easter Seals      [ ] ESY(extended school year)  
[ ] IDEA      [ ] MCCD      [ ] PEP      [ ] Achievement Centers Award (for Day Camp,  
Champ Camp or Resident Camp only)

[ ] OTHER \_\_\_\_\_

**Ethnic Background (optional): Please Circle One:**

African American      Caucasian      Asian      Other \_\_\_\_\_  
Hispanic      Biracial/Multiracial      Native American

**How did you hear about the Achievement Centers for Children? Please Circle One:**

Physician      Social Service Agency      Government Agency      Media/Newspaper  
Friend/Relative      Community Event      Web      School System  
Returner      Other \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (if own legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

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# FINANCIAL AID PACKET-2011

**Families seeking financial assistance with summer camping costs may be eligible for funding from one or more of the following sources. Please read carefully and follow instructions to apply:**

- ◆ **ESY (Extended School Year)** – A child’s IEP (Individual Education Plan) will identify if he/she is eligible for extended school year services. If eligible, the school system may elect to have camp provide those services. It is the family’s responsibility to contact the school’s special education department. The family should request that a letter of intent to pay or purchase order be forwarded to the camp by June 1, 2011 in order to secure the camper slots.
  
- ◆ **OUTSIDE AGENCY FUNDING** – Various outside agencies may provide assistance with camping costs. Possible sources include:
  - Local county boards of Developmental Disabilities
  - CMR (Center for Mental Retardation)
  - I.D.E.A. (Individuals Devoted to Educational Advocacy)
  - Easter SealsIt is the family’s responsibility to contact the agency. The family should request that a letter of intent to pay or purchase order be forwarded to the camp by June 1, 2011 in order to secure the camper slots.
  
- ◆ **CCBDD** – The **CUYAHOGA COUNTY BOARD of DEVELOPMENTAL DISABILITIES (CCBDD)** may have limited camping assistance for the summer of 2011 for eligible families on a first-come, first-serve basis. Assistance is limited to a maximum of **\$600.00** per eligible child or adult. Please complete the enclosed “Request for CCBDD Funding” form in this packet and return with the camp application. This form will allow Camp Cheerful to request CCBDD summer camp funding on your behalf.
  
- ◆ **I.O. Waivers or Level I Funding** – Camp Cheerful is a provider for I.O. Waiver and Level I services. If eligible for County Board of Developmental Disabilities’ services, you may be eligible for this state-assisted funding. Please be in contact with your Support Administrator to check on eligibility or to process the necessary paperwork. **The Support Administrator must forward to camp an ISP or ISP Addendum listing Camp Cheerful as the service provider in order for camping costs to be paid through these waivers. This documentation must be received prior to attendance.**
  
- ◆ **The Achievement Centers for Children Camperships** – The Achievement Centers for Children offers financial assistance for summer camping costs based on total family income and need. A sliding fee scale is used. Please complete the enclosed “Request for Achievement Centers for Children Campership” form, provide income verification and return with the camp application. Achievement Centers camperships are awarded on a first-come, first-serve basis after all other funding sources have been utilized. One campership will be awarded per individual, per summer. Camperships will be considered for those special needs campers living at home or independently, but not those in a group home setting. Achievement Centers camperships are available for Day Camp, Champ Camp and Resident Camp, but not available for the Sensational Day Program.



\*\*\*For Eligible Cuyahoga County Residents Only\*\*\*

## **REQUEST FOR CCBDD FUNDING** **For Summer 2011 Camping Costs**

The **CUYAHOGA COUNTY BOARD of DEVELOPMENTAL DISABILITIES (CCBDD)** may have limited camping assistance for the summer of 2011 for eligible families on a first-come, first-serve basis. Assistance is limited to a maximum of **\$600.00** per eligible child or adult.

**THE ACHIEVEMENT CENTERS FOR CHILDREN'S CAMP CHEERFUL WILL DIRECTLY PROCESS THIS REQUEST ON YOUR BEHALF.** The CCBDD funding may be applied to any Camp Cheerful summer program (Day Camp, Resident Camp, SENSATIONAl Day Program, or Champ Camp.)

**Please check to request funding:**

**YES, I/my child is enrolled in the CCBDD and I want available support funds from the CCBDD to be used toward the cost of camp services.**

**Camper Name** \_\_\_\_\_  
**Eligible Member (please print)**

**By signing and dating below, I certify that the information provided is, to the best of my knowledge, true and correct.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/CAMPER/GUARDIAN SIGNATURE**

**Please return to:  
CAMP CHEERFUL  
15000 CHEERFUL LANE  
STRONGSVILLE, OH 44136**

Camp Cheerful will notify families of the award made by the CCBDD. Funding is available for actual camp costs only and cannot be used for any application fees.



## REQUEST FOR ACHIEVEMENT CENTERS FOR CHILDREN CAMPERSHIP - SUMMER 2011

Financial assistance from the Achievement Centers for Children is available based on total family income and need and is available for Day Camp, Champ Camp, or Resident Camp. (The Sensational Day Program is excluded.)

Financial assistance in the form of Camperships is provided through contributions from individuals, corporations, foundations, and service organizations. Camperships will be considered for those special needs campers living at home or independently, but not those in a group home setting.

CAMP CHEERFUL and CHAMP CAMP are operated by The Achievement Centers for Children; it is the policy of the Achievement Centers that acceptance into, and participation in a program of the Agency shall be made regardless of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, or disability.

**A campership CANNOT be awarded unless verification of total family income is enclosed with this request.** Only one Achievement Centers for Children Campership will be awarded per individual, per summer.

**Please provide a copy of the following:**

- 2009 or 2010 Federal Income Tax Return with copies of W-2's attached
- Copies of Social Security or SSI for parents and campers, Child Support, Alimony, Pension, ADC, Self-employment or Unemployment

**(Worksheet – Copies of all income must be provided)**

INCOME	MOTHER	FATHER	CAMPER
Salary/wages			
Child Support			
Alimony			
Pension/Social Security			
ADC/SSI/SSDI			
Self-employment			
Unemployment			
Other			

TOTAL FAMILY SIZE: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper's Signature if over 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if under 18 years of age

Camp Cheerful will notify families of their Campership award.

# See your camper in action using... eCamp® Services

Sign up for an account today with Camp Cheerful Day Camp!

## GETTING STARTED

1. Go to: <http://campcheerfulday.ecamp.net>

2. You may login using your email address and password created during online registration.

-OR-

If you did not register for camp online you may create an account by selecting the 'create an account' button.

A one time use 'login code' is necessary for security.

Our 2011 login code: **cheerfulday2011**

3. Follow the instructions on site to complete.

Here is your package\*

**Membership**  
Full Access +  
\$10 Photo Coupon  
**\$10.00**

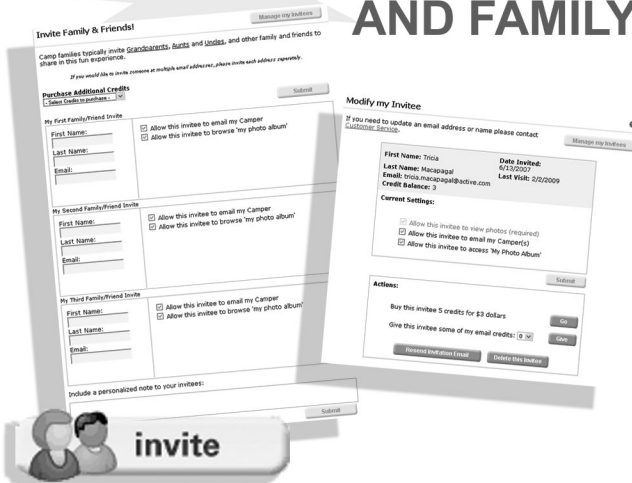
\*A credit card is required for purchases. A 24 Hour trial-period is available should you wish to preview the service before purchasing. Packages are on a per camper basis.

## ONLINE PHOTOS



- Browse photos from camp:
  - o 1 per page
  - o 50 per page
  - o by viewing thumbnails
  - o using our slideshow feature
- Save photos to personal photo albums
- Purchase photo prints and gift items
- Share by inviting family and friends

## INVITE FRIENDS AND FAMILY



Camp families typically invite Grandparents, Aunts and Uncles, and other family and friends to share in this fun experience. Once you have created or updated your account, login and click on the invite button on the left hand side.

## FREQUENTLY ASKED QUESTIONS

For more FAQ's please visit:  
[http://campcheerfulday.ecamp.net/tech\\_support.php](http://campcheerfulday.ecamp.net/tech_support.php)

### What do I do if I forgot my password?

On the login page, click on the link under "I forgot my password, what do I do?" and follow the on site instructions.

### I'd like to view the site on my computer at work. Do I need to create a second account?

No, this is not necessary. You will be able to login using the same username and password despite which computer you use.

### What are packages?

Packages contain items that will grant you access to the site and allow you to use the products available. Package availability may vary depending on your camp.

## NEED HELP? HAVE QUESTIONS?

Please contact eCamp Customer Service by visiting:  
<http://campcheerfulday.ecamp.net/cs.php>  
You can also reach us directly at: **866-517-0759**