

**DREAM DAY ON CAPE COD
Holiday Weekend 2011
December 9th – 11th
Family Application**

Dream Day on Cape Cod is an organization dedicated to children with life threatening illnesses and their families. We are excited to announce that this year's annual Holiday Weekend will again be held at the Clarion Hotel [formerly All Seasons Motel] in South Yarmouth. **We are grateful to owner George Abbott and his staff, for their continued support and partnership.**

The goal of Dream Day's Holiday Weekend is like all Dream Day events: *fun and respite for the special families we serve*. A light schedule of programming is offered, including a special holiday party on Saturday from 12 to 3pm. Dream Day activities are family-focused and we remind families that supervision is essential for safety and all-in-all family enjoyment. Please note that for the 2011 Dream Day Holiday Weekend, we can allow immediate family members only. We do not service extended family. Siblings must be youth age 18 and under.

It is our goal to bring a ray of sunshine to seriously ill children and their families. In an effort to continually reach new families, Dream Day limits attendance at Holiday Weekend for more than two years. Thank you for your understanding and consideration in helping us meet our priority of offering our special program to as many families as possible.

Family arrival is on Friday, December 9th anytime after 3pm. A casual pizza dinner is offered poolside Friday. Saturday is the annual family party – complete with lunch, entertainment, and Santa! Saturday evening, families enjoy downtime on their own – and can explore the area for dinner and also relax back at the Clarion. Continental breakfast is served both Saturday and Sunday mornings. Family departure and checkout is 10:00am Sunday morning.

Please contact Director Kathleen Giorgio with any questions or concerns, via email at dreamdayoncapecod@gmail.com or 774-994-7346

Completed family forms can be sent by November 5th to:

**Dream Day on Cape Cod
165 Nan-Ke-Rafe Path
Brewster, MA 02631**

Families will be notified of receipt and subsequent acceptance after that deadline.

Dream Day Family Information

Child's Full Name: _____ M ___ F ___

Address: _____ City: _____ State ___ Zip: _____

Diagnosis: _____ Date of Diagnosis _____

In remission? Y ___ N ___ If yes, since when: _____

Age: _____ Birth Date: _____ Grade in School: _____

Child's primary language: _____ Can he/ she speak English: Y ___ N ___

Would your family need a wheelchair accessible room? Y _____ N _____

Please note that Dream Day serves immediate family members only.

Parent/Guardian Name(s): _____

Phone: H _____ W _____ C _____

Email: _____

Please list youth siblings [under 18] planning to attend:

Siblings Name: _____ Age: _____ M ___ F ___

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GENERAL INFORMATION

How did you hear about Dream Day on Cape Cod?

Internet _____ **Hospital _____ Other _____

** Medical Personnel Name _____ Position _____ Hospital _____

Have you ever been to Dream Day Holiday Weekend before? ___ Yes ___ No

if yes, how many times? _____

Attended Camp Nan-Ke-Rafe? _____ if yes, how many times? _____

Family Agreement

WE ASK THAT ALL FAMILY MEMBERS READ THE BELOW AGREEMENT. BY INITIALING AND SIGNING BELOW, ALL FAMILY MEMBERS UNDERSTAND THE RULES AND WILL ABIDE BY THEM AT ALL TIMES.

OUR FAMILY UNDERSTANDS AND AGREES TO ALL OF THE FOLLOWING RULES:

- Alcohol is not permitted at Dream Day Holiday Weekend _____
- Illegal drugs are not permitted at Dream Day Holiday Weekend _____
- Knives or potentially dangerous items are not permitted at Holiday Weekend _____
- We will not swear or use foul language at Holiday Weekend _____
- We will treat all fellow families and staff members with respect at all times _____
- We will follow staff/hotel instructions regarding any out of bound areas _____
- We will observe designated quiet times _____
- We will respect Dream Day and Clarion property and equipment at all times _____

Signature of Parent/ guardian **

ALL APPLICATIONS MUST BE COMPLETED IN FULL. PARTIALLY COMPLETED APPLICATIONS WILL BE RETURNED

Administrative Purposes Only:

Date Received:

Prior Attendance:

Eligibility:

Acceptance: