Dear Parents and/or Caregivers;

The Arc of Weld County will be hosting a family retreat and advocacy training in Allenspark, Colorado (highlandscamp.org). This retreat is for families that have a child with a disability between the ages of birth-13 years old living in Weld, Morgan, Logan, Washington, Yuma, Phillips or Sedgwick Counties.

The retreat will begin at 4:00pm on Friday, June 23rd and end at 1:30pm on Sunday, June 25th. While parent(s) have the opportunity to meet other families and receive advocacy trainings the child(ren) will be receiving free childcare in a camp like setting.

Families who apply and are selected will attend the retreat at no charge for lodging and meals. It is recommended that both parents attend the training, and single parents bring a support person who is actively involved in your child’s life. If you or families you know are interested in being a part of this exciting training opportunity, please complete this application using additional pages if necessary. The application submission deadline is April 16th, 2023.

If your family would like to be considered for this opportunity you must read this entire document before filling out your application to be a part of the Families in Action Retreat.
Important information you need to know about the retreat:

1. Please be fully committed to the entire weekend retreat starting on Friday, June 23rd at 4pm- Sunday, June 25th, 2023 at 1:30pm. If there is a chance your family may cancel or may have other plans, please do not apply. The financial commitment for The Arc of Weld County is significant, and we will not be able to fill your family’s slot on short notice. The accommodations, meals and childcare are already arranged and paid for prior to the retreat and we are not able to get a refund in part or full for any arrangements made. Your family’s slot is non-transferrable.

2. All attendees parents/caregivers/children ages 16 and up will be required to complete an electronic background check prior to attending the retreat at the cost of The Arc of Weld County. Failure to complete the background check within 10 days of notification that the link is active may result in dismissal of your application. No exceptions will be permitted.

3. Only up to ten families are selected to attend. If your family is not selected, you will be on the priority list for the next retreat hosted by the Arc of Weld County for birth-13 age children.

4. We know how difficult it is to travel, especially with children with varying needs, please try to arrive when the retreat begins and do not leave until the conclusion of the retreat.

5. Please be honest when filling out the application. We are aware that some children have behaviors and medical conditions; we would like to be as prepared as possible for your child. Let us know what accommodations we can make for your family or child/ren prior to the retreat.
While our staff and volunteers may not all be professionally trained, it is important for us to be able to prepare for all situations, behaviors, and conditions.

6. Families selected MUST attend a mandatory parent orientation/interview where you will be given more information on the retreat and schedule including:

- Accommodations
- Schedule for the weekend (for parents and children)
- Volunteer information and matching
- Safety precautions/procedures

Any additional questions you can email leticia@arcweldcounty.org or call (970) 353-5219 extension 1
Families in Action 2022 Application - submission deadline: April 16th, 2023

T-Shirt size key:

Youth Sizes: YXS-YXL

Adult Sizes: S-5XL

Parent #1 Name (primary contact): ________________________________
Address: ______________________________________________________
Phone: ______________________ E-mail ____________________________
Dietary Needs: ________________________________________ Shirt Size: _____

Parent or support person #2 Name: ________________________________
Phone: ______________________ E-mail ____________________________
Dietary Needs: ________________________________________ Shirt Size: _____

Does your family require a wheelchair accessible room? Y  N

Child #1 Name: ________________________________________________
DOB _______ Gender: _________ Shirt Size: _________
Dietary Needs/Restrictions: ______________________________________
Allergies: ______________________________________________________
Disability & Required Medical Supports: ____________________________
________________________________________________________________
Adaptive Equipment: ____________________________________________
Supervision: line of sight within arm’s reach other: _______

Child #2 Name: ________________________________________________
DOB _______ Gender: _________ Shirt Size: _________
Dietary Needs/Restrictions: ____________________________________________
Allergies: ___________________________________________________________
Disability & Required Medical Supports: __________________________________
____________________________________________________________________
Adaptive Equipment: _________________________________________________
Supervision: line of sight within arm’s reach other: ________

**Child #3 Name:** ________________________________________________
DOB _______ Gender: _________ Shirt Size: _________
Dietary Needs/Restrictions: ____________________________________________
Allergies: ___________________________________________________________
Disability & Required Medical Supports: __________________________________
____________________________________________________________________
Adaptive Equipment: _________________________________________________
Supervision: line of sight within arm’s reach other: ________

**Child #4 Name:** ________________________________________________
DOB _______ Gender: _________ Shirt Size: _________
Dietary Needs/Restrictions: ____________________________________________
Allergies: ___________________________________________________________
Disability & Required Medical Supports: __________________________________
____________________________________________________________________
Adaptive Equipment: _________________________________________________
Supervision: line of sight within arm’s reach other: ________
By signing below, you are acknowledging that the information provided is true and correct to the best of my knowledge. Additionally,

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Signature                  Date

SCAN AND EMAIL TO:  leticia@arcweldcounty.org

-OR-

Mail or drop off to:  The Arc of Weld County
                      5312 West 9th Street Drive, Suite 150
                      Greeley, CO 80634