For Office Use Only

_____Date Rec'd _____Amount

_____Cash _____Check #

_____Meds

Counselor________________________

Buddy Camper_____________________

Buddy Counselor___________________

Buddy 1__________________________

Buddy 2__________________________

Royal Family KIDS
BURLINGTON, WA

Children 6 – 11 Years Old

Sponsored by

His Place Community Church

1480 S. Burlington Blvd., Burlington, WA 98233
(360) 757-8961

July 20-24 • 2020

Return Completed Application to:
His Place Community Church
Attn: Linda Brown
1480 S. Burlington Blvd
Burlington, WA 98233

Please enclose:
- a photo of the camper
- $10 fee

CAMPER REGISTRATION FORM

Instructions: *Please Print.* This form must be completely filled out. The information is vital to the health and well-being of the child. Your application will be returned to you if it is not completely filled in.

Today's Date ______________ caregiver's email address ______________

Child's Last Name ______________ First Name ______________ Preferred Name ______________ Sex ______ Birthdate ____/____/____

Street ______________ Age ______ Current Emotional Age ______

City ______________ State ______ Zip ______

School ______________ Grade ______

The child is living with: (Check one) ❑ Foster Parent ❑ Group Home ❑ Relative ❑ Adoptive Home ❑ Other

Name(s) of person(s) the child is living with ______________

Home Phone: (______) ______________ Cell Phone (______) ______________ Work Phone (______) ______________

Relationship to Child ______________

How long has child been living in this home?______________

Moved in Foster Placement (or other placement) how many times? ______________

Emergency Contact Name ______________ Phone (______) ______________

Social Worker Name ______________ Day Phone Number (______) ______________ email ______________

Explain any unusual family circumstances that make camp especially important for the child. (For example: recent crisis, being moved in foster placement, severe economic needs, ets.) Please briefly explain the child's history.______________

____

____

____

____

CAMPER DETAILS:

This child's swimming ability is: ❑ Good ❑ Poor ❑ Do not Know

Learning Disabilities: ❑ Yes ❑ No Reading Level ______________

Has the child attended a Royal Family Kids Camp before? ❑ No ❑ Yes, where?______________

Camper T-Shirt Size: ❑ Child Small ❑ Child Medium ❑ Child Large ❑ Adult Small ❑ Adult Medium ❑ Adult Large

CAMPERS EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	❑	❑	❑	Night Terrors	❑	❑	❑
Bedwetting	❑	❑	❑	Nightmares	❑	❑	❑
Biting	❑	❑	❑	Runs Away	❑	❑	❑
Eating Disorders	❑	❑	❑	Sexual Acting Out	❑	❑	❑
Hyperactive	❑	❑	❑	Steals	❑	❑	❑
Learning & Disabilities	❑	❑	❑	Tantrums	❑	❑	❑
Lying	❑	❑	❑	Withdrawn	❑	❑	❑

Details from above:____

____

____

Are there any specific triggers that may cause your child to behave in an aggressive manner? Or anything else that may be helpful to know about your child. (Lights, noise, being told no, etc please use back of page if necessary.)____________

____

____

____

Please check the words that best describes this child **MOST** of the time:

❑Social	❑Messy	❑Sense of humor	❑Like to be in a Skit
❑High energy	❑Talkative	❑Planner	❑Likes a steady pace
❑Determined	❑Likes things orderly	❑Leader	❑Kind
❑Serious	❑Likes to get things right	❑Watches before doing	❑Not interested in sports
❑Quiet	❑Bold	❑Shy	❑Peacekeeper
❑Competitive			

Please describe some of the things this child excels at, likes to do, hobbies, specific skills, etc.______________________

____

Sensory Questions (Circle the numbers that apply your child.)

Sensory Seeking:

1. Does the child create a lot of noise?
2. Does the child crave bright lights, colors or busy pictures?
3. Does the child like to crash and bump into people, walls, etc?
4. Does the child use a lot of force when touching, hugging, or with high fives?
5. Does the child stomp feet when walking or kick feet when sitting?
6. Does the child like to be under heavy blankets to sleep?
7. Does the child like to carry heavy things?
8. Does the child love to spin or swing?
9. Does the child like to hang upside down?
10. Is the child unaware of messiness on hands or face?
11. Does the child like to get dirty?
12. Does the child like bare feet?

Sensory Avoiding:

13. Does the child avoid or dislike bright lights, colors or busy pictures?
14. Does the child dislike heavy backpacks or heavy blankets?
15. Does the child become very upset when bumped or pushed, even by accident?
16. Does the child dislike spinning or doing somersaults?
17. Does the child get dizzy easily?
18. Does the child dislike being upside down?
19. Does the child dislike being picked up or moved?
20. Does the child dislike when his/her feet leave the ground?
21. Does the child wipe kisses off cheeks?
22. Does the child dislike tags in clothing, seams in socks, etc?
23. Is the child sensitive to certain types of fabrics

Any other comments?____

____

HEALTH HISTORY
Indicate all known allergies, illness, disabilities, physical limitations or medical complications:

Allergies ____

Illnesses/medical complications____

Disabilities/Limitations____

❑ Leg or Arm Braces ❑ Hearing Aids Eating Disorder ❑ Yes ❑ No

Indicate date of illness, severity, complications, and any residual impairment.

Respiratory Problems	_____	Hypoglycemia	_____	Musculoskeletal Allergies	_____
Heart or Circulation	_____	Dizzy Spells	_____	Foot	_____
Pulmonary Edema	_____	Back	_____	Seizure Disorders	_____
Hay Fever	_____	Anaphylactic Shock	_____	Poison Oak	_____
Balance Problems	_____	Diabetes	_____	Fainting	_____
Insect Bites	_____	Drug Allergy	_____	Other	_____

Details from above:____

____

Any specific activities to be encouraged?____

Any specific activities to be restricted?____

IMMUNIZATION HISTORY:
Please fill in dates of basic immunizations and most recent booster as best as you can.

DTP Series _____ Booster	_____	Tetanus Booster	_____	Polio OPV (Sabin)	_____
Typhoid	_____	Measles Vaccine (live)	_____	Tuberculin (TB) Test	_____
German measles (Rubella)	_____	Mumps Vaccine (live)	_____	Small Pox	_____

PRESCRIPTION MEDICATIONS: *All medication sent to camp must be in original container with the pharmacy label on it.*

Is your child taking any medications? ❑ No ❑ Yes, please fill in the following

1. Name_____________________Dosage:________________Times:______ with food Y___N___
2. Name_____________________Dosage:________________Times:______ with food Y___N___
3. Name_____________________Dosage:________________Times:______ with food Y___N___
4. Name_____________________Dosage:________________Times:______ with food Y___N___

What is(are) the medication(s) for:____

Doctor's Name___________________________________Phone___________________________

OVER THE COUNTER MEDICATIONS: *All medication sent to camp must be in original container.*

1. Name_____________________Dosage:________________Times:______with food Y___N___
2. Name_____________________Dosage:________________Times:______with food Y___N___

Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet.

I understand that it is my responsibility as caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize RFK's camp nurse to administer the above medication from ____________ to ____________.
Day/Date Day/Date

______________________________ ______________________________ __________
Parent or Legal Guardian Signature Printed Name Date

MEDICAL RELEASE FORM:
This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Family KIDS Camp, or such substitute as they may designate, as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other.

I give my permission for (Camper)______________________________to attend Royal Family KIDS Camp and be transported by bus or van to the camp location in the summer of (Year) ______________through His Place Community Church.

_______________________________ _______________________________ ______________
Authorized Signature Printed Name Date

Child's Medicaid # _______________________ Signature:____

____ ______________________________
Relationship to child Child's Medicaid #

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family KIDS' Camp Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the RFK Camp Registered Nurse to use her best judgment as situations arise, and if in doubt, he/she can call for verification.

Please check YES or NO for the medications listed blow. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

YES	NO		Specify if desired:
❑	❑	Sunblock	________________
❑	❑	Insect repellant	________________
❑	❑	Lip balm	________________
❑	❑	Rash ointment	________________
❑	❑	Tylenol or Ibuprofen	________________
❑	❑	Antiseptic ointment	________________
❑	❑	Band-aids	________________
❑	❑	Anti-itch cream	________________
❑	❑	Hydrogen peroxide	________________
❑	❑	Cough syrup	________________
❑	❑	Cough drops	________________
❑	❑	Decongestant	________________
❑	❑	Antihistamine	________________
❑	❑	Ipecac syrup	________ ________
❑	❑	Lice treatment	________________
❑	❑	Other	________________

Parent or Legal Guardian's Signature: ____

Printed Name:_____________________________Phone numbers:________________

Person Authorized to pick-up child ____________________________Phone # __________

ENCLOSED:
❑ photo of the camper ❑ $10 fee

Please mail to or return to: His Place Church · Attn: Linda Brown 1480 S. Burlington Blvd., Burlington, WA 98233

PLEASE NO CAMERAS, MONEY, OR CELL PHONES.THESE ITEMS ARE NOT NEEDED AT CAMP.