


For Office Use Only ___ Received ___ Scanned In ___ Acknowledged ___ Confirmation Letter ___ Packing List Sent ___ GRADUATING ___ Sibling(s) at Camp: _____ _____ _____	 <p>Royal Family KIDS® Camp for Children Ages 7 – 11</p> 	Return Completed Application to: Oakwood Church Attn: Royal Family KIDS Camp 3041 Oakwood Road Hartland, WI 53029 Please enclose a photo of the camper if possible. Or Scan and e-mail completed app to: rfkchartland@yahoo.com
Sponsored by Oakwood Church Hartland, WI Camp Week: August 19-23, 2024		

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 may be returned to you if it is not completely filled in.

Child's Last Name	First Name	Preferred Name	Sex	Birthdate
_____	_____	_____	_____	_____
Age @ Time of Camp	Grade	T-shirt Size: <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Lg <input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult Lg		
The child is living with: (Check one) <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive Home <input type="checkbox"/> Group Home <input type="checkbox"/> Relative				
Name(s) of person(s) the child is living with and relationship:				

Address:				

Cell Phone: (____) _____ Second Phone: (____) _____				
E-mail: _____				
Emergency Contact: _____ Phone: (____) _____ Relationship: _____				
Case Worker: _____ Agency: _____				
Case Worker E-mail: _____ Phone: (____) _____				

Moved in Placements how many times? _____

Explain any unusual family circumstances that make camp especially important for the child:
 (Example: recent crisis, being moved in foster placement, severe economic needs, etc.)

Disclaimer: Royal Family KIDS Camp does not provide counseling for campers. However, by completing the following questionnaire, you are providing valuable information for our Social Worker to appropriately support and advocate for your child if behavioral or emotional concerns arise. The following information is kept confidential and helps us provide the best possible camp experience for each child. Thank you for your cooperation and understanding.

CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY

	Yes	Sometimes	No		Yes	Sometimes	No
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "yes" or "sometimes" was selected, please specify when and where the behaviors occur/occurred: _____

Please describe any concerns that are listed below that your child is displaying:

Unusually clingy or immature behavior _____

Hides food _____

School difficulties _____

Difficulties with peers or bullying _____

Inappropriate sexual behavior _____

Overwhelming sadness _____

Overwhelming anxiety or worry _____

What are your child's strengths?

What are your child's interests and/or participation in after-school activities?

Describe your child's ability to complete tasks and follow directions:

Describe any prior assessment/therapy child has received (general diagnosis):

Approximate emotional age of the child (please explain):

Any known triggers resulting in emotional behaviors:

Any specific methods found helpful in comforting child:

How has the child reacted to past or current trauma or triggers listed above?

- | | |
|--|--|
| <input type="checkbox"/> May fear being separated from parent | <input type="checkbox"/> Frightened facial expressions |
| <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Loss of reality |
| <input type="checkbox"/> Crying/whimpering | <input type="checkbox"/> Excessive clinging |
| <input type="checkbox"/> Avoidance of reminders of traumatic event | <input type="checkbox"/> Fantasies |
| <input type="checkbox"/> Screaming | <input type="checkbox"/> Bed-wetting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fear of darkness |
| <input type="checkbox"/> Running away | <input type="checkbox"/> May show extreme withdrawal |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Disruptive behavior |
| <input type="checkbox"/> Immobility and/or aimless motion | <input type="checkbox"/> Inability to pay attention |
| <input type="checkbox"/> Problems with peers/antisocial behavior | <input type="checkbox"/> Sleep problems/disturbances |
| <input type="checkbox"/> Trembling | <input type="checkbox"/> Irritability/angry outbursts |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Emotional numbing |

Additional information to help enhance child's camp week experience: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

CAMPER DETAILS

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

Has the child attended a Royal Family KIDS Camp before? No, first time Yes Yes, returning to Hartland Camp

How many years? _____ Transfer from another Royal Family KIDS Camp _____ Where? _____

Note: In order to reach as many children as we can, we ask that each child attend only one Royal Family KIDS Camp each year. Campers are encouraged to return up to 5 years, or they age out at 12 years old. Royal Family KIDS Camp is designed for children ages 7-11, in out-of-home care. Case-by-case exceptions are given in regard to camper's age, care status and emotional needs. Campers that have been newly adopted are encouraged to attend a year following their adoption.

HEALTH HISTORY

Indicate all known allergies, dietary restrictions, illness, disabilities, physical limitations, or medical complications:

Allergies _____

Dietary Restrictions _____

Illnesses/medical complications _____

Limitations _____

Leg or Arm Braces Hearing Aids Eating Disorder Yes No

Glasses/Contacts: If yes, is the camper to wear their glasses at all times? Yes No

Indicate any pertinent medical history:

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

Details from above: _____

IMMUNIZATION HISTORY

To your knowledge, is the camper up to date with all age-appropriate vaccines? Yes No Unsure

PRESCRIPTION MEDICATIONS

All medication sent to camp must be in its original container with a pharmacy label on it.

Is your child taking any medications? No Yes: if yes, please fill out the following medication sheet.

Doctor's Name (print): _____ Phone: (_____) _____

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 Royal Family KIDS Camp Registered Nurse to administer the medication from August 19, 2024 to August 23, 2024.

Legal Guardian Signature

Printed Name

Date

MEDICAL RELEASE FORM:

This health history is correct as far as I know, and the minor listed 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 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 minor is en-route 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 KIDS Camp as legal guardian/social worker/other. I give my permission for _____ to attend Royal Family KIDS Camp on August 19-23, 2024 through **Oakwood Church**. Camper (Print Name)

Camper's Insurance Plan: _____ Member ID # _____

Example of Completed Form

Camper: Bobby Bonfire
Date of Birth: 3/16/2011
Allergies: Bees

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**Medication Name:** Dextroamphetamine  
**Dose/Route:** 2.5 mg/Oral  
**Reason for taking med/diagnosis:** ADHD  
**Time(s) to take Medication:** 9:00AM  
*RN to fill out at check in:* Amount In: \_\_\_\_\_ Amount Out: \_\_\_\_\_

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Medication Name: EpiPen
Dose/Route: 0.3 mg/Injection
Reason for taking med/diagnosis: Bee allergy
Time(s) to take Medication: As needed for bee stings
RN to fill out at check in: Amount In: _____ Amount Out: _____

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Camper: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Allergies: \_\_\_\_\_

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Medication Name: _____
Dose/Route: _____
Reason for taking Med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

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Medication Name: \_\_\_\_\_  
Dose/Route: \_\_\_\_\_  
Reason for taking med/Diagnosis: \_\_\_\_\_  
Time(s) to take Medication: \_\_\_\_\_  
*RN to fill out at check in:* Amount In: \_\_\_\_\_ Amount Out: \_\_\_\_\_

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Medication Name: _____
Dose/Route: _____
Reason for taking med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

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Medication Name: \_\_\_\_\_  
Dose/Route: \_\_\_\_\_  
Reason for taking med/Diagnosis: \_\_\_\_\_  
Time(s) to take Medication: \_\_\_\_\_  
*RN to fill out at check in:* Amount In: \_\_\_\_\_ Amount Out: \_\_\_\_\_

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Medication Name: _____
Dose/Route: _____
Reason for taking med/Diagnosis: _____
Time(s) to take Medication: _____
RN to fill out at check in: Amount In: _____ Amount Out: _____

