

RFKC use only
 ___ App. Rec'd.
 ___ App. Complete
 ___ Physical Rec'd.
 ___ Shirt Size
 ___ Meds

ROYAL FAMILY KIDS' 11th Annual CAMP 2017

Southwest Community Church
 4405 Van Dyke Rd
 Minooka, IL 60447

RETURN
 APPLICATION TO:
 RFKC Joliet
 Attn: Becky McGee
 4405 Van Dyke Rd
 Minooka, IL 60447
 Phone #
 815-3545975

CAMPER APPLICATION (boys and girls ages 7-11)

CAMP DATES: JULY 10 – JULY 14, 2017

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

CAMPER'S INFO	Last		First		Middle	
	Nickname (for name tag at camp)				Years Present in Home	
Date of Birth	Age on July 13	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Entering Grade	T-Shirt Size (Please Check Size) <input type="checkbox"/> CM <input type="checkbox"/> CL <input type="checkbox"/> AM <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	
Shoe size:	PJ size:	Pant/short size:		Swimsuit size:		
Child 1 st Year at RFKC? (circle one) Yes or NO				If NO, where & when?		
Rate Child's swimming ability (check one) <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Unknown						
What are the two most important things we should know about this child?						
1. _____						
2. _____						

Family/Caretaker's Information

Last Name		First		Middle	
Street Address		Home Phone # ()		Cell # ()	
City and State		Zip Code			
Relationship to child:		Email Address:			
Preference of Contact <input type="radio"/> Text <input type="radio"/> Email <input type="radio"/> Phone					
Person authorized to pick up child:					
Emergency Contact Person's Name			Address		
Relationship			Phone # ()		

Caseworker's Information

Name	Agency
Email Address	Phone Number ()

Has your child had any serious illnesses within the last three years? _____ Yes _____ No
If yes, please list date of illness, severity, complications and residual impairments: _____

CAMPER INTEREST SURVEY

(Check at least 3 things your Camper is interested in.)

- _____ Puzzles _____ Arts & Crafts _____ Dolls/Barbies _____ Legos
_____ Sports _____ Beauty _____ Model Cars _____ Motorized Toys _____ Board Games
_____ Books _____ Stuffed Animals _____ Other: _____

CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY

	<u>Frequent</u>	<u>Infrequent</u>	<u>Not at All</u>	<u>Additional comments</u>
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please indicate any other behaviors that will help us better understand this child:

Please explain any unusual family circumstance that make camp especially important for this child:
(For example, sever social or economic deprivation, recent crisis, etc.)

**PLEASE NO FOOD, ELECTRONICS, CAMERAS, OR MONEY.
THESE ITEMS ARE NOT NEEDED AT CAMP**

CAMPER'S MEDICAL INFORMATION

In order for your child to attend camp we **NEED** to have the following:

- Copy of your child's most recent medical physical examination.
- Copy of Medical Insurance Identification Number. **Enter # :**

Does your child have **ANY** known medical concerns? _____ Yes _____ No

If yes, please explain:

Food Allergies:

Illness/medical complication:

Disabilities/limitations:

Does your child take any medications? _____ Yes _____ No

If yes, please indicate the prescription medication(s) child is taking:

Name: _____ Dosage: _____ Time: _____

Name: _____ Dosage: _____ Time: _____

Reason(s) for medication?

***PLEASE NOTE ALL MEDICATION SENT TO CAMP MUST BE IN ORIGINAL CONTAINER WITH PHARMCY LABEL ON IT.**

Primary Physician's Name:

Phone # ()

MEDICAL RELEASE & PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS:

I understand that it's my responsibility as caregiver to make sure that all instructions are clear and the necessary dosage is adequately supplied for the duration of camp. I hereby authorize RFKC's Registered Nurse to administer the above listed medications from 7/10/17-7/14/17. I hereby give the Royal Family Kids' Camp Registered Nurse permission to administer the following products according to the manufacturer's instructions, or as otherwise specified. I trust the RFKC Registered Nurse to use his/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 below. 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	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect Repellent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lip Balm	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rash Ointment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antiseptic Ointment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anti-itch Cream	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hydrogen Peroxide	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough Syrup	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decongestant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antihistamine	<input type="checkbox"/>	<input type="checkbox"/>	_____

Parent/Legal Guardian Signature **If Child is a DCFS Ward, DCFS MUST sign here.** _____ Print Name _____ Date _____