

For Office Use Only
_____ Received
_____ Acc. Ltr
_____ Waivers
_____ Meds



Royal Family KIDS
 Summer Camp
 7 – 11 Years Old

2310 Candlewood Drive, Manhattan, KS 66503
 Fax 785-537-1489
 June 12-16, 2017

Return Completed Application to: Royal Family KIDS of Manhattan Attn: Glenda Newkirk 2310 Candlewood Drive Manhattan, KS 66503 Glenda 785-776-9260, 785-410-9039 rfkofmanhattan@gmail.com or Barb 785-564-0053
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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.

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

Name(s) of person(s) the child is living with _____ Email _____

_(_____) _____ (_____) _____

Home or Cell Phone (Best Contact Number) _____ Another Contact Phone Number _____

_____ (_____) _____

Emergency Contact _____ Phone (Best Contact Number) _____

Relationship to Child _____ Email _____

_____ (_____) _____

Social Worker _____ Agency _____ Phone Number (Best Contact Number) _____

Emergency Night Number for Social Worker _____

Moved in Foster Placement how many times? _____

Explain any unusual family circumstances that make camp especially important for the child:

CAMPER DETAILS:

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

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

Learning Disabilities: Yes No Reading Level: _____

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

CAMPERS EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	0	0	0	Runs Away	0	0	0
Bedwetting	0	0	0	Sexual Acting Out	0	0	0
Biting	0	0	0	Steals	0	0	0
Eating Disorders	0	0	0	Tantrums	0	0	0
Hyperactive	0	0	0	Withdrawn	0	0	0
Lying	0	0	0				
Nightmares/Night Terrors	0	0	0				

Details from above _____

Does your child exhibit these sensory behaviors:	Yes	No
Gets stressed by loud or sudden noises?	0	0
Create a lot of noise?	0	0
Avoid or dislike bright lights, colors, busy pictures?	0	0
Crave bright lights, colors, busy pictures?	0	0
Crash and bump into people, walls, objects?	0	0
Use lots of force when touching, hugging, etc.?	0	0
Stomp feet when walking, kick feet when sitting?	0	0
Like to be under heavy blankets to sleep?	0	0
Like to carry heavy things?	0	0
Avoid running, hopping, jumping or rolling?	0	0
Dislike heavy backpacks or blankets?	0	0
Become very upset when bumped or pushed, even by accident?	0	0
Love to spin or swing?	0	0
Like to hang upside down?	0	0
Like balance beams?	0	0
Dislike spinning or doing somersaults?	0	0
Get dizzy easily?	0	0
Dislike being upside down?	0	0
Dislike being picked up or moved?	0	0
Dislike when their feet leave the ground?	0	0
Unaware of messiness on hands or face?	0	0
Like to get dirty?	0	0
Like bare feet?	0	0
Twirl hand in hair?	0	0
Wipe kisses off cheek?	0	0
Dislike being dirty or getting hands dirty?	0	0
Dislike tags in clothing, seams in socks, etc.?	0	0
Sensitive to certain types of fabrics in clothing and/or sheets?	0	0

Please describe the child when he/she is upset. What triggers these emotions? What helps for calming?

Please provide any additional information we should know about this camper

How can we help make camp be successful for this child?

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

Has the child ever been hospitalized? _____ If yes, when are for what condition: _____

Is the child current on vaccinations? Yes No Unknown

If No or Unknown, please explain: _____

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

Dizzy Spells	_____	Seizures	_____	Diabetes	_____
Hypoglycemia	_____	Pulmonary Edema	_____	Hayfever	_____
Balance Problems	_____	Heart	_____	Back	_____
Respiratory	_____	Anaphylactic Shock	_____	Drug Allergies	_____
Eating Disorders	_____	Insect Bites	_____	Poison Oak/Ivy	_____
Fainting	_____	Other	_____		

Details from above: _____

Any concerns with sleeping or bedtime routines? _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

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: _____

2. Name _____ Dosage: _____ Times: _____

3. Name _____ Dosage: _____ Times: _____

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

Doctor's Name _____ Phone _____

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

Child's Medicaid Number _____

MEDICAL RELEASE FORM:

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 of Manhattan, KS nurse to administer the above medication from June 12, 2017 to June 16, 2017.

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 of Manhattan, KS 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 KIDS of Manhattan, KS as legal guardian/social worker/other. I give my permission for child to attend Royal Family KIDS of Manhattan, KS Camp June 12, 2017 to June 16, 2017 through Manhattan First Assembly of God Church

Parent or Legal Guardian Signature

Printed Name

Date

Relationship to child: _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family KIDS of Manhattan, KS Camp Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified during the period of camp beginning June 12 and ending June 16, 2017.

I trust the RFKC 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 below. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen tabs (Tylenol)
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen liquid (Tylenol)
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen tabs (Advil)
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen liquid (Advil)
<input type="checkbox"/>	<input type="checkbox"/>	Diphenhydramine tabs (Benadryl)
<input type="checkbox"/>	<input type="checkbox"/>	Diphenhydramine liquid (Benadryl)
<input type="checkbox"/>	<input type="checkbox"/>	Dextromethorphan (Delsym)
<input type="checkbox"/>	<input type="checkbox"/>	Calcium carbonate chewable (Tums)
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops
<input type="checkbox"/>	<input type="checkbox"/>	Phenol Spray (Chloraseptic)
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine
<input type="checkbox"/>	<input type="checkbox"/>	Triple antibiotic ointment (Neosporin)
<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone cream 1%
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide OTC
<input type="checkbox"/>	<input type="checkbox"/>	Solarcaine topical
<input type="checkbox"/>	<input type="checkbox"/>	Immodium
<input type="checkbox"/>	<input type="checkbox"/>	Pepto Bismal liquid and chewables
<input type="checkbox"/>	<input type="checkbox"/>	Calamine or Caladryl lotion
<input type="checkbox"/>	<input type="checkbox"/>	Lice treatment/shampoo
<input type="checkbox"/>	<input type="checkbox"/>	Bactine (first aid/antiseptic/pain reliever)
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	<input type="checkbox"/>	Band Aids
<input type="checkbox"/>	<input type="checkbox"/>	Ipecac syrup

Parent or Legal Guardian's Signature: _____

Person Authorized to pick-up child _____

This is the end of the Camp Application. We have a limit of 16 girls and 16 boys. We will contact you with your status soon. At that time, we will provide specific drop off and pick up times, along with a list of things to pack.



Royal FamilyKIDS[®] MENTORING CLUB APPLICATION

2017-2018 School Year – Only necessary to fill out if you are interested in your child participating

Kids who have attended Royal Family KIDS' Camp can apply for Mentoring Club. Mentoring Club provides fun times with their own matched adult mentor (trained and background checked) for 4 hours a month, plus once-a-month Club time events during the school year on a Saturday morning. Approved Mentors *can help with transportation* and there is no fee for participation. Club participation includes a backpack, club shirt and other club materials.

HOW TO APPLY — To have your child considered for this, please complete the **following TWO permission forms** (medical and transportation) and submit it with this application for Camp.

You will be contacted by the Club Mentoring Director later in the summer to discuss the match with a qualified mentor for your child during the next school year.

Please understand that the number of children matched and admitted is limited by the number of mentors available, and that age and geography are also limiting factors. As part of the matching process, the Camp application information will be shared with the Mentoring Director to best match your child with a qualified mentor.

I would like my child to participate in Mentoring Club Yes No

Name of Child

Birthdate



CLUBS AND MENTORS MEDICAL RELEASE FORM

No child will be allowed to participate in Royal Family KIDS of Manhattan, KS Mentoring Club activities unless this form is completed and signed for each child.

Child's Name _____

Caregiver's Name _____

Relationship to Child: _____

Best Phone Number: _____

As the undersigned legal parent or caregiver or social services agent, I understand that the Medical section in the Camp Application will be shared with the Mentor and Mentoring Director.

This Medical Release Form is effective on the date of my signature below, and will remain in full force and effect as long as my child participates with Royal Family KIDS of Manhattan, KS Mentoring Club in any manner; it applies to any Club activities, events or functions, as well as individual meetings with a Club Mentor (the "Activities").

I hereby give permission for my child to attend and participate in the Activities. I specifically authorize Royal Family KIDS of Manhattan, KS Mentoring Club to provide for, and arrange in my place, necessary medical care.

I authorize the Royal Family KIDS of Manhattan, KS Mentoring Director or any designated adult, in whose care my child has been entrusted, to arrange for and consent to any x-ray examination, anesthetic, and/or medical, surgical and dental procedure and treatment, and hospital care, to be rendered to my child under the general or special supervision, and on the advice of any physician or dentist duly licensed by an appropriate regulatory agency, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of such physician, dentist or hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical, dental and/or hospital services rendered to my child pursuant to this authorization. Should it be necessary for my child to be transported home or to medical facilities due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This Medical Release Form will be used only as necessary in the circumstances. Every reasonable effort will be made to first notify a care giver listed below prior to the use of this Medical Release Form.

Caregiver's name (PRINT) _____

Caregiver's Signature _____

Please return this form with your Camp Application. A photocopy of this executed form shall be valid as an original.



CLUBS AND MENTORS TRANSPORTATION/ACTIVITIES

PERMISSION AND RELEASE FORM

No child will be allowed to participate in any Royal Family KIDS of Manhattan, KS Mentoring Club activities unless this form is completed and signed for each child.

Child's name _____ Birth date (mm/dd/yr) _____

School _____ Grade _____

Caregiver's name _____ Relationship to child _____

Other Caregiver's name _____ Relationship to child _____

Best Contact Number: _____ Second Best Contact Number: _____

Address _____

City _____ State _____ Zip _____

Caregivers' email _____

Other emergency contact:
Name _____ Relationship to child _____

Other contact's phone(s) _____ Email _____

As the undersigned legal parent or caregiver, I request that my child, be allowed to participate in the Royal Family KIDS of Manhattan, KS Mentoring Club program.

This Transportation and Activities Permission and Release Form is effective on the date of my signature below, and will remain in full force and effect as long as my child participates with Royal Family KIDS of Manhattan, KS Mentoring Club in any manner; it applies to all Club activities, events or functions, as well as individual meetings with a Club Mentor and (the "Activities").

I hereby give my permission for my child to ride in any vehicle designated by the adult(s) in whose care my child has been entrusted while participating in the Activities.

In consideration for permitting my child to attend and/or participate in the Activities, I do hereby release, and on behalf of my child release, Royal Family KIDS of Manhattan, KS Mentoring Club, the local Mentoring Club's mentors, leaders, volunteer assistants, the host church, and any designated driver of a van, bus, car, or other vehicle used in connection with any of the Activities ("Released Parties") from any and all claims for injuries, losses, damages, costs and expenses that I, and/or my child, might have against the Released Parties, arising out of, or in any way relating to, my child and the Activities, and I agree to hold the Released Parties harmless from any loss arising from such claims.

I certify that I have read, understand, and agree to the provisions of this Activities and Transportation Permission and Release Form, including the separate Medical Release Form on the reverse hereof.

Caregiver's name (PRINT) _____

Caregiver's Signature _____

Please return this form with your Camp Application. A photocopy of this executed form shall be valid as an original.