



## **Royal Family KIDS Camper Application Instructions** **3 Day Camp: Friday, August 14th through Sunday, August 16th, 2020**

This FREE camp is for foster children ages 7 to 12 years old, entering first through sixth grade.

RFK Santa Maria uses a local camp facility situated in the beautiful Santa Ynez Mountains. At camp, the children have an opportunity to participate in exciting activities including swimming, crafts, wood building with Papa, team building games, camp fire, making & eating S'mores, hear Bible stories and sing songs. Additionally, each child is individually honored at the *Everybody's Birthday Party* including presents and cake.

At the end of the week, each child will go home with a new duffel bag filled with a homemade quilt, birthday presents, a Play-Away (mp3 player) and a photo album highlighting their memories from a week at camp.

Certified Safe and trained staff will provide a caring, safe and healthy environment with opportunities to develop positive attitudes and create life-changing memories. With a 2:1 counselor to camper ratio, each camper is carefully supervised and receives plenty of individual attention.

### **To Apply for Camp:**

- Applications can also be found on the website: **Online Application**, or use this application.  
**Go to [Santamaria.royalfamilykids.org](http://Santamaria.royalfamilykids.org) Look for Applications, click on Camper/Kids.**
- Be sure to include **ALL** signatures on **Pages 3, 4 and 5**.  
Camper Application cannot be accepted and processed without all the required signatures.
- Complete copy of immunization records.
- Please ensure that Camper's behavior history and medication with dosages is completed in full.
- **Mail application to:** Royal Family KIDS, Attention: CPC, P. O. Box 3242 Orcutt, CA 93457
- **Application acceptance deadline?**
- Emailed applications cannot be accepted.

### **What happens next ???**

**Late ?**: You will receive a confirmation notice.

**Early ?**: Caregivers will receive detailed instructions including:

- What to pack for camp?
- Directions to The Harbor Church for the ride to camp.
- Exact Camper drop-off/pick-up times.

If you have any further questions, please do not hesitate to contact us: [santamariaRFKC@gmail.com/805-264-0731](mailto:santamariaRFKC@gmail.com/805-264-0731).



Office Use Only	
Received	_____
Conf Sent	_____
<input type="checkbox"/> Email	<input type="checkbox"/> USPS
Wait List	_____
<input type="checkbox"/> Email	<input type="checkbox"/> USPS

# 2020 CAMPER APPLICATION

## PLEASE READ BEFORE COMPLETING THIS FORM:

Select the Camp you would like to attend. Child may only attend ONE camp. Please check only ONE.

- Santa Maria Camp: Friday, August 14 through Sunday, August 16, 2020**  
**Mailing Address** Royal Family KIDS, P.O. Box 3242, Orcutt, CA 93457  
**Contact Info:** Jan Holford, [santamariarfc@gmail.com](mailto:santamariarfc@gmail.com) (805) 264-0731

*Please print legibly.* This form must be filled out in its entirety.

Signatures by authorized **guardian AND social worker**, on **Pages 3, 4 & 5 are REQUIRED.**

of

Has the child attended a Royal Family KIDS Camp before  No  Yes If so where: \_\_\_\_\_

We were referred by:  Social Services  Family Care Network  Aspira  Pathways  Other \_\_\_\_\_

Child's last name: \_\_\_\_\_ First name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current emotional age: \_\_\_\_\_  Male  Female

School: \_\_\_\_\_ Current Grade (2019/2020 school year): \_\_\_\_\_

Child's **SHIRT** size:  Child medium  Child Large  Adult medium  Adult Large  Adult XL

The child is living with (check one):  Foster parent  Dependency caregiver  Group home  Relative

Name(s) of person(s) the child is living with: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email (very important!!): \_\_\_\_\_

SB County social worker's name: \_\_\_\_\_ Worker's Phone: \_\_\_\_\_

Social Worker's Email: \_\_\_\_\_

IF APPLICABLE: Foster agency social worker's name \_\_\_\_\_

Agency social Worker's Phone: \_\_\_\_\_ Agency social worker's Email: \_\_\_\_\_

Social Services agency  Family Care Network  Aspira  Pathways  Koinonia  Other \_\_\_\_\_

Emergency contact person (1): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Alternate emergency phone: \_\_\_\_\_

#1 Authorized Person to Drop-Off/Pick-Up Camper: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#2 Authorized Person to Drop-Off/Pick-Up Camper: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY:

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
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 and 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"/>

Please offer specific behavior details that could assist us with camper's week (i.e. camper wears pull-ups at night, etc):

### CAMPER DETAILS:

Moved in foster/caregiver placement how many times? \_\_\_\_\_ Please explain any unusual family circumstances that

make camp especially important for the child (for example: resent crisis, being moved in foster placement, severe economic needs, etc.): \_\_\_\_\_

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

Learning disabilities:  Yes  No Reading level: \_\_\_\_\_

**HEALTH HISTORY:** Indicate all known allergies, illnesses, disabilities, physical limitations or medical complications.

Allergies: \_\_\_\_\_

Illnesses/medical complications: \_\_\_\_\_

Disabilities/limitations: \_\_\_\_\_

**Indicate date of illness, severity, complications and any residual impairment(s):**

Respiratory problems \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Musculoskeletal allergies \_\_\_\_\_

Heart of circulation \_\_\_\_\_ Dizzy spells \_\_\_\_\_ Foot \_\_\_\_\_

Pulmonary edema \_\_\_\_\_ Back \_\_\_\_\_ Seizure disorders \_\_\_\_\_

Hay Fever \_\_\_\_\_ Anaphylactic Shock \_\_\_\_\_ Poison Oak \_\_\_\_\_

Balance problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting \_\_\_\_\_

Insect bites \_\_\_\_\_ Drug allergy \_\_\_\_\_ Other \_\_\_\_\_

Please offer details: \_\_\_\_\_

Any specific activities to be encouraged and/or restricted? \_\_\_\_\_

**IMMUNIZATION HISTORY:** Please fill in dates of basic immunizations and most recent booster as best you can and/or submit copies of doctor's immunization card.  **Copy of doctor's immunization card attached.**

DTP Series \_\_\_\_\_ Booster \_\_\_\_\_ Tetanus booster \_\_\_\_\_ Polio OPV (Sabin) \_\_\_\_\_

Typhoid \_\_\_\_\_ Measles vaccine \_\_\_\_\_ Tuberculin (TB) test \_\_\_\_\_

German Measles (Rubella) \_\_\_\_\_ Mumps vaccine \_\_\_\_\_ Small Pox \_\_\_\_\_

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

Is your child taking any medications:  No  Yes If yes, please complete the following:

1. Name (of medication) \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

2. Name (of medication) \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please add any comments related to HEALTH and MEDICATIONS on a separate sheet.

*I understand that it is my responsibility as the child's 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 RFKC's nurse to administer the above medication for the duration of camp. **ORIGINAL APPLICATIONS, MEDICAL RELEASE FORMS AND ORIGINAL SIGNATURES ON ALL FORMS MUST BE SUBMITTED OR YOUR APPLICATION WILL BE DELAYED AND/OR RETURNED.***

**THE FOLLOWING TWO SIGNATURES ARE REQUIRED BEFORE THE APPLICATION WILL BE ACCEPTED:**

*Please sign using blue ink pen*

\_\_\_\_\_  
Parent/Guardian signature      Print name      Relationship to child      Date

\_\_\_\_\_  
Social worker signature      Print name      Phone number      Social worker email

**Return Completed Application to Appropriate Child Placement Coordinator  
(SEE FIRST PAGE)**



**ROYAL FAMILY KIDS OF SANTA BARBARA COUNTY**  
*For Foster Care Children Ages 7 to 12 Years*

**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 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 as legal guardian/social worker/other.

**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 RFKC Registered Nurse to use her/his 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 that signs below or camper may not attend camp.

<b>YES</b>	<b>NO</b>	<b>Additional Comments:</b>
<input type="checkbox"/>	<input type="checkbox"/> 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"/> Ibuprofen	_____
<input type="checkbox"/>	<input type="checkbox"/> Antiseptic Ointment	_____
<input type="checkbox"/>	<input type="checkbox"/> Band-Aids	_____
<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"/> TUMS	_____
<input type="checkbox"/>	<input type="checkbox"/> Anti-Lice Shampoo	_____

**MediCal #:** \_\_\_\_\_ **or Health Insurance Co. & Policy #** \_\_\_\_\_

I give my permission for \_\_\_\_\_ to attend Royal Family Kids of Santa Barbara County.  
Child's Full Name

**THE FOLLOWING TWO SIGNATURES ARE REQUIRED BEFORE THE APPLICATION WILL BE ACCEPTED:**  
*Please sign using blue ink pen*

\_\_\_\_\_  
**Parent/Guardian signature      Print name      Relationship to child      Date**

\_\_\_\_\_  
**Social worker signature      Print name      Phone number      Social worker email**

**Physical Activity Release**

Camper's Name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

As the undersigned legal parent or caregiver, I request that my child be allowed to participate in the Royal Family KIDS (RFK) Camp. This Activity, Medical, and Transportation 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 Camp in any manner; it applies to all RFK Camp activities. I hereby give permission for my child to attend and participate in RFK Camp activities. I specifically authorize Royal Family KIDS to provide for, and arrange in my place, necessary medical care, as stated in the Medical Release Form. I hereby also 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 RFK Camp activities.

In consideration for permitting my child to attend and/or participate in the RFK Camp activities included but are not limited to hiking, swimming, ropes course, archery, rock climbing wall, team recreation, etc. I do hereby release, and on behalf of my child release, Royal Family KIDS Inc., Royal Family KIDS of Santa Barbara County, supporting churches, the local leaders, volunteer assistants, San Marcos Christian Camp, and any designated driver of a van, bus, car, or other vehicle used in connection with RFK Camp ("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 Camp activities, and I agree to hold the Released Parties harmless from any loss arising from such claims.

**THE FOLLOWING TWO SIGNATURES ARE REQUIRED BEFORE THE APPLICATION WILL BE ACCEPTED:**  
**Please sign using blue ink pen**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Worker Signature \_\_\_\_\_ Date \_\_\_\_\_