



Dear Foster Parents/Guardian:

We would like to extend an invitation to your child to attend Royal Family KIDS Camp #313 of Johnson county AR. Royal Family KIDS Camp is a one-week camp for children 6 - 12 years old. However due to COVID we are unable to have our week long camp, instead we are going to do a one day camp. Our "Camp in a Day" will be July 27th.

VERY IMPORTANT – BECAUSE THIS IS A DAY CAMP WE WILL NOT HAVE A NURSE AND WE WILL NOT BE ADMINISTERING ANY MEDICATION THROUGHOUT THE DAY. If your child gets injured and/or needs medical attention you will be notified and if necessary an ambulance will be called.

Your child will be able to start registration on Monday morning at 8:30 until 9 a.m. at the Johnson County Fairgrounds in Clarksville, AR and must be picked up by the identified person below between 5:30 and 6 p.m. Entrance will be located on the east side, by the recycling center.

Bible stories, music, bounce house and a variety of non-competitive outside games will round out a program emphasizing wholesome exercise and the building of positive memories.

The opportunity to develop good attitudes toward peers will be present everywhere for them. There is one counselor for two children, so your child will have individualized attention. They will have life long memories!

Enclosed is the application form. Please complete the application and return it as soon as possible **NO LATER THAN July 15th, 2020**. Space is limited. Your cost for the camp is \$10.00 per child; make checks payable to Royal Family KIDS Camp #313 to be turned in the day of registration. Once we receive your application and a Xerox copy of your child's insurance I.D. card, we will send you an e-mail confirming your child's place and a list of items to bring to camp.

If you have any questions, please call me at 479-774-1556.

Looking forward to a great day at camp!

Sincerely,

Angella Dumas
Director, RFK #313

Mail completed application to:

RFK # 313
PO Box 123
Clarksville, AR 72830

For more information:

479-774-1556

E-mail:
Royalfamilykids313@gmail.com

[Facebook.com/royalfamilykids313](https://www.facebook.com/royalfamilykids313)

Webpage:
<http://johnsoncounty.royalfamilykids.org/>

For Office Use Only
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Facebook page:
royalfamilykids313



Royal Family KIDS Camp

For Foster Kids
6 – 12 Years Old

Sponsored by
Mt Home FWB Church
248 CR 3611 Lamar, AR
July 27th 2020

David & Angella Dumas, Directors

Return Completed Application to:
Mail to: RFK #313
PO Box 123
Clarksville, AR 72830

479-774-1556
Royalfamilykids313@gmail.com

**Must enclose a photo of
the 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.

Child's Last Name		First Name	Preferred Name	Sex	Birthdate
Street			Age	Current Emotional Age	
City		Zip	School	Grade	Reading level
The child is living with: (Check one)		<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Group Home	<input type="checkbox"/> Relative	
Name(s) of person(s) the child is living with					
_____ ()			_____ ()		
Home Phone:			Work Phone		
_____ ()			_____ ()		
Emergency Contact			Phone		
Relationship to Child					
_____ ()			_____ ()		
Social Worker			Day Phone Number		
Moved in Foster Placement how many times? _____					

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, etc.)

	CAMPERS EMOTIONAL/BEHAVIORAL HISTORY				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: _____

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? Yes, where? _____ No

Please fill out all sizes: shorts _____ shoes _____ Camper T-Shirt _____

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 impairments.

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:

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.

I understand that NO medication will be given to my child while attending the day camp with RFK # 313.

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 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 above named camper to attend Royal Family Kids' Camp this summer through **Mt Home FWB Church**.

Authorized Signature _____ Printed Name _____ Date _____
 Child's Medicaid # _____ Signature: _____
 Relationship to child: _____ Date _____

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 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:
<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"/>	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"/>	Ipecac syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Phone number: _____

E-mail address: _____

Person Authorized to pick-up child _____

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

