



# CAMPER APPLICATION

2024 CAMP DATES:  
**Monday, July 22<sup>nd</sup> – Friday, July 26<sup>th</sup>, 2024**

*Sponsored by:*  
 Community of Hope Lutheran Church

**\*\*\* REGISTRATION DEADLINE: June 1st, 2024 \*\*\***

## CAMPER INFORMATION:

(Child's Last Name, First Name, MI):	Preferred Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Current Age:
My camper is a <input type="checkbox"/> New Camper <input type="checkbox"/> Returning RFK Camper		Current School:	Grade:	

## CARETAKER/GUARDIAN INFORMATION:

Name of person child resides with:	Relationship to Child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative			
Address :	City/State	Zip :	Phone Number :	
Email :				
Emergency Contact Name :	Relationship to Child :		Phone Number :	
ODHS Caseworker Name :	Email :		Phone Number :	

## CAMPER'S SOCIAL HISTORY :

Child has been in how many foster care placements?  
 Explain any circumstances that make camp especially important for this child: *(i.e. recent crisis, changes in placement, exposure to adverse childhood experiences, etc)*

Does this child have siblings in foster care?  No  Yes How many? Ages?

## CAMPER'S CLOTHING SIZES:

Child's <b>Shirt</b> Size:	Child's <b>Pant</b> Size:	Child's <b>Shoe</b> Size:
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## CAMPER'S ABILITIES:

Does your child need help with: Bathing: <input type="checkbox"/> No <input type="checkbox"/> Yes Toileting: <input type="checkbox"/> No <input type="checkbox"/> Yes Getting Dressed: <input type="checkbox"/> No <input type="checkbox"/> Yes Eating Meals: <input type="checkbox"/> No <input type="checkbox"/> Yes Personal Hygiene: <input type="checkbox"/> No <input type="checkbox"/> Yes Physical Activities: <input type="checkbox"/> No <input type="checkbox"/> Yes Communication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Does your child have any learning disabilities or diagnoses? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:
Child's Swimming Ability: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Advanced <input type="checkbox"/> Do Not Know	Child's Typical Routine: My child wakes up at _____ My child goes to bed at _____ My child naps during the day <input type="checkbox"/> No <input type="checkbox"/> Yes

## CAMPER'S PERSONALITY:

Please check the words that **best** describe this child **most** of the time:

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Active/High Energy | <input type="checkbox"/> Curious           | <input type="checkbox"/> Leader      | <input type="checkbox"/> Perfectionist  |
| <input type="checkbox"/> Argumentative      | <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Nervous     | <input type="checkbox"/> Rigid Thinking |
| <input type="checkbox"/> Cautious           | <input type="checkbox"/> Guarded           | <input type="checkbox"/> Organized   | <input type="checkbox"/> Sensitive      |
| <input type="checkbox"/> Compassionate      | <input type="checkbox"/> Has Big Feelings  | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Shy            |
| <input type="checkbox"/> Competitive        | <input type="checkbox"/> Impatient         | <input type="checkbox"/> Patient     | <input type="checkbox"/> Talkative      |
| <input type="checkbox"/> Creative           | <input type="checkbox"/> Impulsive         | <input type="checkbox"/> Peacekeeper | <input type="checkbox"/> Unorganized    |

## CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY:

*\*\*\*Please check 'yes' or 'no' for each question. If you check 'yes' please give details on behavior(s):*

- |                            |                             |                              |       |
|----------------------------|-----------------------------|------------------------------|-------|
| Suicidal Ideation/Gestures | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Self-Harming Behaviors     | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Running/Elopement          | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Physically Aggressive      | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Verbally Aggressive        | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Tantruming                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Property Destruction       | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Sexual Acting Out          | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Hyperactive                | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Boundary Issues            | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Stealing                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Lying                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Defiant                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Eating Disorder(s)         | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Hoarding Food              | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Sleeping Difficulties      | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Encopresis/Enuresis        | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Animal Cruelty             | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Fire Setting               | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Hospitalizations           | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |

## ADDITIONAL INFORMATION REGARDING EMOTIONAL/BEHAVIORAL HISTORY:

What types of discipline methods do you use? What is most effective for this child?

Potential triggers for this child:

Coping skills/techniques that are effective for this child:

What are this child's strengths? What are this child's weaknesses?

Describe this child's likes and dislikes:

Any specific activities to be encouraged? Any specific activities to be discouraged?

## CAMPER'S MEDICAL HISTORY:

Does this child have any of the following medical problems?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies (seasonal): | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Liver Disease                                    |
| <input type="checkbox"/> Allergies (food):     | <input type="checkbox"/> Ear infections (frequent)  | <input type="checkbox"/> Menstrual Cycle problems                         |
| <input type="checkbox"/> Anemia                | <input type="checkbox"/> Eyeglasses                 | <input type="checkbox"/> Seizures   |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> GERD/reflux                | <input type="checkbox"/> Skin problems (eczema, frequent abscesses, MRSA) |
| <input type="checkbox"/> Bed Wetting           | <input type="checkbox"/> Genetic/metabolic problems | <input type="checkbox"/> Sleep problems such as snoring or apnea          |
| <input type="checkbox"/> Blood Disorders       | <input type="checkbox"/> Hearing aids               | <input type="checkbox"/> Thyroid Disorder                                 |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Heart Problems             | <input type="checkbox"/> Urinary Tract Infections                         |
| <input type="checkbox"/> Constipation          | <input type="checkbox"/> Headaches                  |   |
| <input type="checkbox"/> Developmental Delays  | <input type="checkbox"/> Kidney Disease             |   |

Any other problems not listed: \_\_\_\_\_

## CAMPER'S MEDICATION:

Is your child taking any medications?  No  Yes, please fill in the following:

Medication	Dosage:	Times Administered:	Reason for Medication:

Medication Prescriber's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CAMPER'S MEDICAL INSURANCE INFORMATION:

Primary Insurance Company: _____	Policy #: _____	Group #: _____
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## MEDICAL RELEASE FORM:

I give my permission for \_\_\_\_\_ (Camper) to attend Royal Family KIDS Camp through Community of Hope Lutheran Church.

The 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 the 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 Camp as legal guardian/social worker/other.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**RETURN COMPLETED APPLICATION TO:**

wilsonville.royalfamilykids@gmail.com

– OR –

Wilsonville Royal Family KIDS; Attn: Hailey Spencer  
PO Box 1433 Sherwood OR 97140