



February 1, 2019

Dear Parent/Foster Parents:

We would like to extend an invitation to your child to apply to Royal Family KIDS camp 2019! Royal Family KIDS camp is a free week of summer camp for Tulsa area foster children, 7-11 years old. Dates of the camp this year will be **Monday, July 8th through Friday, July 12th, 2019.**

Camp begins with Registration at 8:00 a.m. on Monday morning and concludes with a Closing Program and Check-out on Friday at 3:00 p.m. Both events will occur at Christian Chapel in Tulsa. The children will be traveling on a chartered bus to the beautiful facilities of Camp Egan, located near Tahlequah, Oklahoma. At camp they will enjoy a week of swimming, hiking, music, arts and crafts, and activities such as woodworking, fishing, kayaking, and baking!

Campers will build positive memories in the Great Outdoors with their Camp Counselors and will be assured individual attention through our 1-2 counselor to camper ratio.

Attached is a Camp Application for 2019! Space is limited, so please complete and return your application as soon as possible.

Please submit completed Applications by May 15, 2019*:

Digitally to: RFK.Camp@christianchapel.com.

Via mail to: Christian Chapel at the address printed below.

***Completing this application does not always guarantee acceptance to Camp due to the number of applicant's requests that are received.**

Once we process your Application, we will send you an email to confirm your child's place along with further instructions and a packing list.

If you have any questions, please call Brenda, the Camp Secretary, at 918-691-2125.

Looking forward to a great week at camp!

Eddie & Dawn Redden

Camp Directors

Sponsored by Christian Chapel

7807 E. 76th Street * Tulsa * Oklahoma * 74133 Camp Secretary: 918-691-2125 * FAX 918-252-1180

For Office Use Only

_____ Received

Y N Meds

_____ T-shirt

Y N Med. REL

_____ MCAid #

Y N Shots



**Royal Family
KIDS® Camps
for Foster Children
7 – 11 Years Old**

Sponsored by
Christian Chapel
7807 E. 76th Street, Tulsa 918-250-2575 x11

July 8 - 12, 2019

Return Completed Application to:
Digitally to:
RFK.Camp@christianchapel.com
VIA mail:
Christian Chapel
Attn: Brenda Thompson
7807 E. 76th Street
Tulsa, OK 74133

Please enclose a photo of the camper.

REGISTRATION FORM

Instructions: PLEASE PRINT CLEARLY. 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. **Due to the nature of our camp, we may be unable to provide a positive camping experience for children who have severely limiting emotional, intellectual or physical disabilities. For questions regarding suitability, please contact the directors at RFK.Camp@christianchapel.com.**

Child's Last Name First Name Preferred Name Gender Birthdate

Address Age Current Emotional Age

City Zip School Grade Reading level

The child is living with: (Check one) Foster Parent Group Home Relative

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

(_____) (_____)

Cell Phone: Alternate Phone

Foster Parent Email Address

Emergency Contact (_____) Cell Phone

Relationship to Child

(_____) Social Worker Cell Phone Email

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

	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 & 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"/>

Details from above: _____

CAMPER DETAILS:

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

Learning Disabilities: Yes No Details: _____

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

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

Does the child have a sibling that is camp age (7-11 years old).? Yes No

If yes, list name & DOB of siblings. _____

HEALTH HISTORY

Indicate all known allergies, illness, disabilities, physical limitation 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 impairment.

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 Attach a copy of the CURRENT Immunization Record.

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: 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.

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 RFK's Camp nurse to administer the above medication from **July 8-12, 2019.**

Foster 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 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 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 _____ to attend Royal Family KIDS Camp in the summer of 2019 through

Christian Chapel. Camper's Name

Caseworker must sign if child is in DHS Custody Printed Name of Caseworker Date

Parent/Legal Guardian must sign if child is NOT in DHS Custody Printed Name of Parent/Legal Guardian Date

Child's Medicaid # _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family KIDS' Camp Registered Nurse permission to administer the following products from 7/8/2019 to 7/12/2019, or as otherwise specified.

I trust the RFK Camp 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 blow. 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"/>	Swimmer's Ear Drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Foster Parent or Legal Guardian's Signature: _____

Printed Name: _____ Phone numbers: _____

PLEASE NO PHONES OR MONEY - THESE ITEMS ARE NOT NEEDED AT CAMP.