



Camp for Foster Kids

Ages 6-12

July 5-9, 2021

Return Completed Application to:

Royal Family Kids
5700 SW Dosch Rd
Portland, OR 97239

For Office Use Only
Date Application Received: _____
Medications: _____ Yes _____ No

CAMPER APPLICATION FORM

Instructions: *Please print.* This form must be completed prior to submission. Your application will be returned to you if there is any missing information. This information is vital to the health and well-being of the child. (**New Campers:** *Please enclose a photo of the camper.*)

Please indicate either _____NEW Camper or _____RETURNING Camper.

Child's Last Name First Name Preferred Name Sex Birthdate

Street City Zip

Age Current Emotional Age School Grade

Name(s) of person(s) the child is living with Relationship to Child

_____ (_____) (_____) _____
E-Mail Address Home Phone Number Alternate Phone Number

_____ (_____) _____
Emergency Contact Relationship to Child Phone Number

_____ (_____) _____
Social Worker Phone Number

Any siblings in foster care? _____Yes _____No If yes, ages of siblings: _____

Other siblings applying to camp this year? _____

Moved in Foster Placement how many times? _____ How many moves within the last year? _____

Would you like to receive a phone call from the RFK Camp Behavior Specialist prior to camp? _____Yes _____No

Please explain any unusual family circumstances that make camp especially important for this child:
(For example: recent crisis, special needs, recent transition back to family, etc.) This information helps us to better understand your child and their needs as we strive to find ways to support them for what they have been through.

Camper Name: _____ **Camper Age:** _____

Camper Success: At RFK Camp we would like to be able to support your child to ensure they enjoy a successful week at camp. It is very helpful for us to know a few details regarding their behavior, interests and challenges. Please be as specific and complete as possible in considering the following areas.

What are the camper's greatest strengths or qualities? _____

How does the camper interact with peers? _____

What special interests does the camper have? _____

How does the camper express fear, anxiety, confusion or anger? _____

What techniques can we use to comfort the camper? _____

Does the camper have any issues with self-abuse or aggression toward others? If yes, please describe. _____

What sort of circumstances would cause the camper to run away from the group? _____

Any additional information you believe would be helpful in providing a successful experience for the camper? _____

Behavior Summary:

Behavior	Often	Sometimes	Never	Behavior	Often	Sometimes	Never
Aggressiveness				Nightmares			
Bedwetting				Runs Away			
Biting				Sexually Acting Out			
Hyperactive				Steals			
Lying				Tantrums			
Night Terrors				Withdrawn			

Camper Details:

All campers will be required to pass a *swim test* to use the rope swing, water slide or swim in the deeper end of the lake. Please indicate your child's swimming ability. _____ Good Swimmer _____ Poor Swimmer _____ Unknown Swimming Ability

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

Camper Shoe Size: _____ **Child Size** _____ **Adult Size**

Camper Name: _____ **Camper Age:** _____

Camper Health History: Please indicate all known food/environmental allergies, illnesses, disabilities, physical limitations or medical complications.

Food/Environmental Allergies _____

Illnesses/Medical Complications _____

Disabilities/Physical Limitations _____

Health Concern	Date/Severity/Impairment	Health Concern	Date/Severity/Impairment	Health Concern	Date/Severity/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		Eating Disorder	
Leg or Arm Braces		Hearing Aids		Other	

Immunization: Are immunizations up to date? Yes No Date of last Tetanus shot: _____

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

Is your child taking any medications? Yes No If yes, please fill in the following information.

Medication	Dosage	Times Given

Doctor's Name _____ Phone Number _____

Is your child allergic to any medications? Yes No If yes, please list below.

