

For Official Use Only
____ Received
____ Meds

Royal Family KIDS Camp
A Camp For Foster Kids 6 – 11 Years Old
Sponsored by Hillcrest Church

1400 Larrabee Ave. Bellingham, WA 360-733-8400
CAMP: June 23 to June 27, 2025

Return Completed Application to:
Hillcrest Church
C/O Kim Smith
1400 Larrabee Ave.
Bellingham, WA 98225
Please 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	Birthdate	Sex
Age	School	Grade		
Street	City	State	Zip	

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

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

Home Phone: _____ Email* _____
(_____)

Emergency Contact _____ Phone _____

Relationship to Child _____

Social Worker _____ Day Phone Number _____

How many placement moves has this child had? _____

Explain any unusual family circumstances that make camp especially important for the child:
(for example: recent crisis, being moved to a new 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	Withdrawn	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:

Any techniques that helps the child with any behavioral issue: _____

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

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

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 _____

Detail from above: _____

Any specific activities to be encouraged _____

Any specific activities to be restricted? _____

IMMUNIZATION HISTORY:

Please include a copy of your child's Immunization Record with the application.

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 RFKC's nurse to administer the above medication from **June 23 to June 27, 2025.**

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, and administer over the counter medications as needed 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 2025 through Hillcrest Church. Camper

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 over the counter remedies 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 let us know of any over the counter medications you wish your child **NOT** to use.

Parent or Legal Guardian's Signature:

Printed Name: _____ Phone numbers: _____

Person Authorized to pick-up child _____

**PLEASE NO CAMERAS, PHONES, SMART WATCHES, TABLETS OR MONEY.
THESE ITEMS ARE NOT NEEDED AT CAMP.**