QUICK REFERENCE

CAMPER NAME: _____

AGE AT CAMP: _____

CAMP SESSION/DATES: _____

MEDICATIONS (DOSES AND FREQUENCY):_____
_____

DIETARY RESTRICTIONS/REQUIREMENTS:_____
_____

ALLERGIES (INCLUDING FOOD ALLERGIES):_____
_____

PARENT/GUARDIAN CONTACT INFO AT CAMP (PLEASE PROVIDE TELEPHONE NUMBER/S, AND CABIN/LODGING IF KNOWN):_____

3 GOALS FOR YOUR CHILD FOR CAMP:

CHILD & FAMILY REGISTRATION

****PLEASE NOTE: FOR THOSE OF YOU THAT ARE ABLE TO COMPLETE AND EMAIL THE APPLICATION ELECTRONICALLY – ESPECIALLY THE NARRATIVE PORTIONS - WE ASK THAT YOU PLEASE DO SO. THIS SAVES US HOURS OF DATA ENTRY TIME. ☺ THANK YOU!****

SESSION LOCATION & DATE:

CHILD'S NAME: BIRTHDATE:

PARENT/S NAMES:

MAILING ADDRESS:

EMAIL ADDRESS:

HOME PHONE: WORK PHONE:

MOBILE: EMAIL:

PLEASE LIST ALL PEOPLE ATTENDING CAMP. WE WILL BE USING THIS INFORMATION IN PART TO DETERMINE THE AMOUNT OF FOOD TO PURCHASE AND PREPARE, AS WELL AS STAFFING NEEDS. PLEASE PUT AN **'*'** NEXT TO ALL SIBLINGS WHO WILL BE ATTENDING SIBLING CAMP. (*please note if someone will be attending only a portion of the camp session*):

NAME	RELATIONSHIP	BIRTHDATE	FOOD ALLERGIES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Additional participants or comments:

CHILD & FAMILY INTRODUCTION: TO HELP US GET TO KNOW YOUR CHILD AND FAMILY PRIOR TO MEETING YOU AT CAMP, PLEASE USE YOUR OWN WORDS TO INTRODUCE YOUR CHILD AND FAMILY TO US. IF YOU HAVE ATTENDED KRIS' CAMP BEFORE, PLEASE PROVIDE THE INTRODUCTION FOR NEW STAFF MEMBERS AND PLEASE ALSO INCLUDE AN UPDATE FOR US ON YOUR CHILD AND FAMILY SINCE WE LAST SAW YOU. FEEL FREE TO USE THE BACK OF THIS PAGE AND/OR ADDITIONAL PAGES. ALSO WE WOULD LOVE TO HAVE A PHOTO OF YOUR CHILD AND FAMILY IF YOU HAVE ONE YOU CAN SHARE WITH US.

CHILD'S MEDICAL HISTORY:

1. PLEASE GIVE A DETAILED DESCRIPTION OF YOUR CHILD'S HEALTH HISTORY INCLUDING BIRTH AND POSTNATAL CARE:

2. WHAT IS YOUR CHILD'S DIAGNOSIS, AND/OR DESCRIPTION OF IDENTIFIED NEEDS?:

3. CURRENT MEDICAL PROBLEMS (IE: ALLERGIES, SEIZURES, OXYGEN, EASILY FATIGUED, CONSTIPATION, ETC.):

4. ANY UPCOMING MAJOR MEDICAL CHANGES THAT WILL INFLUENCE YOUR CHILD (IE: SURGERIES, CHANGE IN PROGRAMS ETC.):

5. DEVELOPMENTAL HISTORY (FILL IN AREAS THAT APPLY TO YOUR CHILD):

AT WHAT AGE WAS YOUR CHILD ABLE TO (IF APPLICABLE):

SIT: WALK:

FIRST WORDS/SIGNS/SENTENCES?:

HOW WOULD YOU DESCRIBE YOUR CHILD'S PAST DEVELOPMENT OF AND CURRENT LEVEL IN:

FINE MOTOR SKILLS:

GROSS MOTOR SKILLS:

OTHER DEVELOPMENTAL HISTORY YOU WISH TO SHARE:

IS YOUR CHILD ON ANY MEDICATIONS? IF SO PLEASE LIST:

MEDICATION	DOSAGE/FREQUENCY	PURPOSE
1.		
2.		
3.		
4.		

OTHER DEVELOPMENTAL OR HEALTH INFORMATION THAT WILL BE HELPFUL FOR US TO KNOW:

WHAT ARE YOUR CHILD'S GREATEST NEEDS?:

CURRENT THERAPY CHILD IS RECEIVING:

TYPE OF THERAPY	FREQUENCY	THERAPIST NAME & PHONE NUMBER
1.		
2.		
3.		
4.		
5.		

Additional therapies or comments:

PLEASE LIST PROGRAMS (INCLUDING SCHOOL) THAT YOUR CHILD HAS PARTICIPATED IN WITHIN THE LAST YEAR, AND FREQUENCY IF APPLICABLE:

1.
2.
3.
4.
5.

Additional programs or comments:

MAY WE CONTACT THESE THERAPISTS AND PROGRAMS TO COORDINATE SERVICES FOR YOUR CHILD? *Please note that we do not contact therapists/program coordinators for each child as a part of camp preparation, but would like to have the option if it becomes helpful or necessary, or if you require us to do so.* YES ☐ NO ☐

WHAT DOES YOUR CHILD ***LIKE*** IN:

PHYSICAL THERAPY:

OCCUPATIONAL THERAPY:

SPEECH THERAPY:

MUSIC THERAPY:

GROUP ACTIVITIES:

PLAY ACTIVITIES:

Additional Comments:

WHAT DOES YOUR CHILD ***DIS*LIKE** IN:

PHYSICAL THERAPY:

OCCUPATIONAL THERAPY:

SPEECH THERAPY:

MUSIC THERAPY:

GROUP ACTIVITIES:

PLAY ACTIVITIES:

Additional Comments:

WHAT ARE YOUR GOALS FOR KRIS' CAMP?

FOR YOUR CHILD (Please take your time and be specific by listing **up to 3 goals here**, as the therapists will look at these closely and focus on this during camp):

FOR YOU AS A PARENT/GUARDIAN:

FOR CHILD'S SIBLINGS:

WHAT QUESTIONS, CONCERNS OR PROBLEMS RELATED TO YOUR CHILD CAN WE ADDRESS OR HELP YOU WITH? (I.E.: DEVELOPMENT, SERVICES, ETC.):

WHAT OTHER INFORMATION WOULD YOU LIKE TO SHARE WITH US THAT WILL HELP US IN MEETING YOUR GOALS FOR KRIS' CAMP:

FOODS/DIETARY RESTRICTIONS: ALL CAMPERS, INCLUDING SIBLINGS, MUST ARRIVE AT CAMP EACH DAY WITH A PACKED SNACK AND LUNCH. EACH FOOD ITEM SHOULD BE LABELED WITH THE CHILD'S NAME. KRIS' CAMP WILL PROVIDE BAGGIES AND MARKERS AS NEEDED. WE WILL PROVIDE FRESH FRUITS AND VEGGIES ONLY AT THESE MEALS.

GROUP DINNERS: WE TYPICALLY PROVIDE 3 GROUP DINNERS DURING THE FULL WEEK OF CAMP. WE AIM TO GET A MENU OUT TO YOU BEFORE CAMP TO LET YOU KNOW WHAT TO EXPECT AND HELP YOU PLAN IF OUR MENUS WILL NOT WORK FOR YOUR CHILD OR FAMILY. 3-DAY CAMPS MAY HAVE FEWER DINNERS – PLEASE CHECK YOUR SCHEDULE WHEN YOU RECEIVE IT.

BILLING INFORMATION

NAME AND ADDRESS OF WHO WE WILL BE BILLING FOR KRIS' CAMP – 50% tuition is due 60 days prior to your camp session; the balance is due 30 days prior:

PERSON NOT ATTENDING CAMP TO CONTACT IN CASE OF EMERGENCY:

NAME:

ADDRESS:

RELATIONSHIP: HOME PHONE:

WORK PHONE: OTHER PHONE:

Please mail this entire completed application and the 2 completed release forms (below), and a copy of your child/ren's immunization records and/or a doctor's note to:**

Kris' Camp
1132 Green Hill Trace
Tallahassee, FL 32317

****If you submitted your child's immunization records in a previous year/session, you do not need to resubmit them as we keep them on file.**

Check one:

☐ ***I have already submitted the Initial Registration Form and $250 deposit***

☐ ***I am including my Initial Registration Form and $250 deposit with this application***

☐ ***I have included a copy of camper and sibling immunization records and/or a doctor's note.***

☐ ***Kris' Camp already has a copy of our immunization records from a previous year.***

Thank You! We look forward to seeing you at camp!

IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS APPLICATION PLEASE CONTACT LEIDY VAN ISPELEN AT 850-445-4821 or kberger62@gmail.com

RELEASE FORM

****Please list all children who will be attending therapy or sibling camp****

I, _____(MOTHER/FATHER/LEGAL GUARDIAN) OF

_____

(LIST ALL ATTENDING CHILD/REN)

HEREBY DO RELEASE KRIS' CAMP AND IT'S STAFF OF ALL LEGAL RESPONSIBILITIES INCLUDING ACCIDENTAL INJURY, DISMEMBERMENT, OR DEATH RESULTING FROM MY CHILD'S INVOLVEMENT WITH KRIS' CAMP. THIS INCLUDES TRANSPORTATION TO AND FROM PLACE OF RESIDENCE TO KRIS' CAMP, ALL ACTIVITIES WHILE ATTENDING KRIS' CAMP, AND RETURN TO PLACE OF RESIDENCE.

_____ _____

Initials Date

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED, AND FOR PICTURES TO BE UTILIZED FOR THE PURPOSES OF KRIS' CAMP INFORMATIONAL AND FUNDRAISING PUBLICITY INCLUDING THE NEWSLETTER, DVD YEARBOOK FOR DONORS, LOCAL NEWSPAPER, KRIS' CAMP WEBSITE, CONTINUING EDUCATION BROCHURE, AND GENERAL CAMP BROCHURE.

_____ _____

Initials Date

Parent/Guardian Signature

Relationship to Child/ren

Date

Witness Signature

Print Name Here

Date

Medical Release Form

I hereby give permission for any and all medical attention necessary to be administered to my child/ren (name/s):

in the event of accident, injury, sickness, etc., under the direction of either of the person(s) designated below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by the appropriate health care professional who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

My name:

Phone (H): (W): (M):

Phone/cabin/contact info while at camp (Therapy campers only):

My Street Address:

City: State: Zip:

My insurance company is:

My insurance policy number is:

In case I cannot be reached, either of the following is designated:

Emergency Contact 1: Phone:

Emergency Contact 2: Phone:

My child/rens' physician: Phone:

Physician's address:

Known allergies of child:

Current medications for child:

Health conditions (i.e. seizures, asthma, etc.):

Parent/Guardian Signature

Print Name

Date