For Office Use Only
_______ Received
_______ Chk #
_______ Amount Paid
_______ # on Check
_______ Meds

Royal Family KIDS Camp

For Foster Kids

7 – 11 Years Old

Sponsored by

Mesa Church

July 28 - Aug 1 • 2025

Return Completed Application to:

Mesa Church
17682 Mitchell N Ste 100
Irvine, CA 92614

REGISTRATION FORM

Instructions: Please Print. This form must be completely filled out. The information is vital to the health and wellbeing of the child. Your application will be returned to you if it is not completely filled in. **Search Policy:** For the success and safety of all camp attendees, it may be necessary to search a child's bags or property to assure they have everything they need for a successful week (i.e. clothing, swimsuit, toiletries, etc.) and a safe week (i.e. no candy, electronics, tobacco products, or other inappropriate items.) Any Illegal items will be turned over to proper authorities be that the Guardian, Social Worker or Law enforcement and the Guardian will be informed. Any other items removed will be returned directly to the legal Guardian at registration, if possible, or at the end of the camp.

Child's Last Name First Name Preferred Name Sex Birthdate

Street 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/Home Phone Email Address

______________________________ (________)______________________

Emergency Contact Phone

Relationship to Child

______________________________ (________)______________________

Social Worker Day Phone Number

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	☐	☐	☐	Night Terrors	☐	☐	☐
Bedwetting	☐	☐	☐	Nightmares	☐	☐	☐
Biting	☐	☐	☐	Runs Away	☐	☐	☐
Eating Disorders	☐	☐	☐	Sexual Acting Out	☐	☐	☐
Hyperactive	☐	☐	☐	Steals	☐	☐	☐
Learning & Disabilities	☐	☐	☐	Tantrums	☐	☐	☐
Lying	☐	☐	☐	Withdrawn	☐	☐	☐

Details from above:____

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	_____

Details from above:____

____

Any specific activities to be encouraged?____

Any specific activities to be restricted?____

PRESCRIPTION MEDICATIONS: *<u>All medication sent to camp must be in original container with the pharmacy label on it.</u>*

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:_______
4. Name__________________________________Dosage:_________________Times:_______
5. Name__________________________________Dosage:_________________Times:_______

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 the camp nurse to administer the above medication from ________________ to ________________.
Day/Date Day/Date

______________________________ ______________________________ ____________
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 en-route 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. I give my permission for ________________________________ to attend Royal Family KIDS Camp in the summer of ________________ through Mesa Church.
Camper
Year

_______________________________________ ______________________________ ___________
Authorized Signature Printed Name Date

Child's Insurance Carrier: ___________________ Child's Insurance # ______________________

Primary Insurer's name: ______________________

Doctor's Name____Phone______________________________

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Camp Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the 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 below. 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:
☐	☐	Sunblock	______________
☐	☐	Insect repellant	______________
☐	☐	Lip balm	______________
☐	☐	Rash ointment	______________
☐	☐	Tylenol	______________
☐	☐	Antiseptic ointment	______________
☐	☐	Band-aids	______________
☐	☐	Anti-itch cream	______________
☐	☐	Hydrogen peroxide	______________
☐	☐	Cough syrup	______________
☐	☐	Cough drops	______________
☐	☐	Decongestant	______________
☐	☐	Antihistamine	______________
☐	☐	Ipecac syrup	______________

Parent or Legal Guardian's Signature: ______________________________________

Printed Name: ____________________________ Phone numbers: __________________

Person Authorized to pick-up child ________________________________ __________________

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