

2017 Camps
July 3-7 – Frio River
July 30 – August 4 – Camp
Promises with Big Spring FCI

Office Use Only
Date Received: _____
Acceptance Letter Sent: _____
Phone Calls: _____

Promises for Families Foundation Camp & Tutorial Application Form

This is a general application form that will be used for tutoring, programs & summer camps. You will be contacted and have the opportunity to select the camp location for your child.

Please fill out this application completely before returning.

Student's name: _____ **Entering Grade** _____

Address: _____

City _____ **State** _____ **Zip** _____

Date of Birth ____/____/____ **Age** _____ **Circle Gender:** **Male** **Female**

Email Address _____

Parent/Guardian: _____

Address

Home Phone _____ **Business Phone** _____

Cell Phone _____ **CIRCLE THE BEST PHONE NUMBER**

Please specify any limitations to camper's participation in program:

My child, _____, has my permission to participate in all planned activities while attending Promises for Families Foundation Programs. In signing this application, I certify that the information is correct and I give my permission for my child to be transported in public vehicles for approved activities.

Parent/Guardian signature:

Date _____

2017 Health Form

Camper Information:

Legal Name of Child:

First Middle Last

Social Security Number _____

Address: _____

City/State/Zip _____

Age _____ Grade _____ Date of Birth _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Parent/ Guardian Information:

Name: _____

Address: (If different from above): _____

Home Phone (____) _____ - _____

Business Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Referring Agency: (if applicable) _____

Case Worker: (if applicable) _____

Agency Phone: (____) _____ - _____

Medical Information for Summer Camps:

Camper Name: _____

Campers are only allowed to bring prescription medication with a signed note from their physician. Medication must be in a prescription bottle with camper's name and physician's name printed on it. All medicine will be collected at registration and given when needed by the Camp Nurse. Please list any medical problems the camper has (**allergies to specific foods, exposure to native plants, or sun light**, asthma, etc.) and any medications that the camper is currently taking provided on the space on the next page. **INCLUDE DOSAGE AND TIMES FOR ADMINISTRATION!**

Medications: _____

Any recent illness: (Yes/No) if yes, please explain. _____

Any recent exposure to contagious disease: (Yes/No) if yes, please explain. _____

Camper may take (check all that apply): ___ Tylenol ___ Eye Drops ___ Eardrops
___ Antihistamine ___ Ibuprofen ___ Antacids ___ Benadryl ___ Robitussin
___ Throat lozenges ___ Hydrocortisone Cream ___ Imodium AD

This camp provides secondary medical coverage. Your frankness about any physical or emotional disability will help the staff to work more effectively with your child.

Physician name: _____

Phone number: (____) _____ - _____

Date of most recent tetanus shot: _____

Insurance Company*: _____

Group/Plan Number: _____ phone: (____) _____ - _____

Medicaid Number : _____

Name on Medicaid Account: _____

***Please include a photocopy of your insurance card**

Please check or circle all that apply to camper

Asthma diabetes recurrent ear infections chronic constipation depression
 recurrent strep throat frequent diarrhea bedwetting kidney/bladder infections
 ADD/ADHD sleepwalking migraines lactose intolerance epilepsy/seizures

others (please list) _____

Emergency Contact Information

Parent/Guardian name: _____

Home Phone: (____) _____ - _____

Business Phone: (____) _____ - _____

Address: _____ **City/State/Zip** _____

Alternative Contact: _____

Relationship to Child: _____

Phone Numbers (s): _____

In case of an emergency, I understand every effort will be made to contact the parent/guardian of the injured/ill camper. If I am unable to be reached, I give permission for Katy Hoskins or an appointed member of the Promises for Families Foundation to seek medical attention or administer first aide for my child. If case of a life-threatening situation, I understand that 911 will be called first, and then the parent/ guardian. Please sign and date.

Signature of Parent/Guardian _____ Date _____

The Camp Nurse will administer Prescription Medication. *If your child needs prescription medications, please include medication for the entire number days they will be gone.* Campers who need prescription medication will not be allowed to travel to camp without the appropriate amount of that medication. Medication must be in the original prescription container. Please send only enough to cover the days spent at camp. We will return the prescription container.

Camp Code of Behavior - REQUIRED

The Promises for Families Foundation Camp Code of Behavior is designed to show what we expect from everyone who is a part of camp, including campers, volunteers and staff.

- I will treat everyone with respect and dignity.
- I will not use inappropriate language during my stay at Promise Camp.
- I understand that each person has physical boundaries and I will not step over their boundaries. Sexual misconduct, including harassment, will not be tolerated.
- I understand that the use of alcohol, illegal drugs, and smoking are prohibited during my stay at camp. **I understand that my personal items maybe checked upon arrival to make sure there is no violation or misunderstanding concerning illegal contraband.**
- I will treat others the way I want to be treated.
- I will treat the facilities with care and not abuse the property.
- I will have a positive attitude and encourage others to do the same.
- I have read the Camp Information page and I promise to abide by all camp rules and accept the full authority of the Director, his staff, volunteers and clergy.

By signing below I accept the Code of Behavior and will honor it while I am involved in Promises for Families Foundation programs.

Camper Signature _____ **Date:** _____

Parents/Guardians: Please make sure the camper understands the terms of the Code of Behavior.

By signing below, I believe _____ understands the above Code of Behavior. All campers will be asked to abide by these rules during their stay at Camp. If the camper is in violation of these rules, proper action will be taken. In serious cases, I understand that the Director has the authority to dismiss the camper and that I am responsible for their immediate transportation home.

I have read and understand the general Camp Information and policies and will adhere to them fully.

Parent/Guardian signature _____ **Date** _____

Do we have permission to photograph you child or grandchild performing in activities for future publication? (Yes) (No)

Note: Photographs of children never include identification.

Information Fact Sheet

This information is vital for scholarship reimbursement and future publication of brochures concerning Promise Camp. Please fill out all the information requested.

Name of the parent who is currently incarcerated: (if applicable)

Identification number: _____

Place of incarceration: _____

Information – *Keep this Information!*

Each Camper Should Bring:

5 changes of comfortable, casual clothing
(the Big Spring camp has additional requirements)
Swimsuit and cover up
Sturdy shoes – Closed toed shoes required
Water shoes for the Frio River Camp
Sunscreen
Hat
Shampoo, soap, tooth brush and toothpaste

**Cell phones may be brought if children leave this with the staff during the camp*

Should Not Bring:

Electronic equipment/cell phone*
Tobacco products
Money
Alcohol

For health and safety, luggage may be checked to ensure campers are in compliance with the above rules.

The Camp Nurse will administer Prescription Medication. *If your child needs prescription or over the counter medications, please include medication for the entire number of days they will be gone. Campers who need prescription medication will not be allowed to travel to camp without the appropriate amount of that medication. Medication must be in the original prescription container.*

Application for camp along with signed Code of Behavior and Health form should be received no later than June 1, 2017 for summer camp.

Mail or take these forms to:

Promises for Families Foundation
P.O. Box 61578
San Angelo, TX 76906

If you have any questions regarding Promise Camp, please phone or email Katy Hoskins, 1-325-617-7888 or katy@promisesforfamilies.org. After reviewing your child's registration forms, you will be contacted about camp dates and travel arrangements for your child.