



# Royal Family Kids Camp

July 21 - 26, 2024

"It made a difference to that one"

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Dear Camper and Caregiver:

On behalf of Kids' Armor of Hope, we welcome you to our Royal Family Kids Camp of 2024! **Please take note of the date change this year: July 21 - 26, 2024**

This year has continued with many challenges and we ask that you review our protocols, changes, and safety measures before completing the application.

- A limited amount of campers will be accepted in 2024.
- Applications will be accepted on a **first come, first served basis**, so it is important to get your applications completed and turned in timely.

For the safety of each camper, we ask that you fully fill out the attached application.

- Applications can be returned the following ways:

- Mailed to:
  - Kids' Armor of Hope  
PO Box 878  
Granbury, TX 76048
- Picture of completed app texted to Kylee Peterson at 817-228-9097
- Emailed to: [peterson.kylee@gmail.com](mailto:peterson.kylee@gmail.com)

Once an application is received, you will be notified by the camper's of acceptance.

**Applications are due June 1, 2024.**

If you have any questions, please do not hesitate to call us. We look forward to another great year at camp!

Sincerely,

**Kylee Peterson – Camp Point of Contact**  
*Camp Managing Director*  
817-228-9097

# Royal Family Kids Camp

Presented By:



"It made a difference to that one"

**CAMP DATES: July 21 - 26, 2024**

## 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 filled.

Returning Camper? Y\_\_\_\_ N\_\_\_\_

Child's Last Name First Name Preferred Name Gender Birthday

Street Age Current Emotional Age

City Zip School Grade Reading level

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

Name(s) of Child's Primary Caregiver(s)

(\_\_\_\_\_)

Cell Phone: Email:

(\_\_\_\_\_) (\_\_\_\_\_)

Emergency Contact Phone

Emergency Contact's Relationship to Child

(\_\_\_\_\_)

Social Worker Day Phone Number

Is the camper currently seeking counseling or therapy?  Yes  No

(\_\_\_\_\_)

Counselor and/or Therapist (if willing to provide) Day Phone Number

Referred by: CPS\_\_\_\_\_ CASA\_\_\_\_\_ PRCAC\_\_\_\_\_ Other\_\_\_\_\_

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

Camper Shoe Size: \_\_\_\_\_ Camper Pant/Short Size: \_\_\_\_\_

## CAMPERS DETAILS

Moved in Foster Placement how many times? \_\_\_\_\_

Please explain any past and current circumstances and instances that can impact their time at camp:  
**(For example: recent crisis, reason for foster placement, severe economic needs, disorders and/or behaviors stemming from traumatic life changes, etc.)**

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	Daily	Weekly	Not at all		Daily	Weekly	Not at all
Aggressiveness	Ⓢ	Ⓢ	Ⓢ	Night Terrors	Ⓢ	Ⓢ	Ⓢ
Bedwetting	Ⓢ	Ⓢ	Ⓢ	Nightmares	Ⓢ	Ⓢ	Ⓢ
Biting	Ⓢ	Ⓢ	Ⓢ	Runs Away	Ⓢ	Ⓢ	Ⓢ
Eating Disorders	Ⓢ	Ⓢ	Ⓢ	Sexual Acting Out	Ⓢ	Ⓢ	Ⓢ
Hyperactive	Ⓢ	Ⓢ	Ⓢ	Steals	Ⓢ	Ⓢ	Ⓢ
Learning & Disabilities	Ⓢ	Ⓢ	Ⓢ	Tantrums	Ⓢ	Ⓢ	Ⓢ
Lying	Ⓢ	Ⓢ	Ⓢ	Withdrawn	Ⓢ	Ⓢ	Ⓢ

Triggers to Note: \_\_\_\_\_

Sleeping Habits to Note: \_\_\_\_\_

Eating Habits to Note: \_\_\_\_\_

This child's swimming ability is:       Good       Poor       Do not Know

Learning Disabilities:     No       Yes      Type of Learning Disability: \_\_\_\_\_

## 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  No     Yes    Type: \_\_\_\_\_

*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/Ivy _____
Balance Problems _____	Diabetes _____	Fainting _____
Insect Bites _____	Drug Allergy _____	Other _____

Details from above: \_\_\_\_\_

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Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

**IMMUNIZATION HISTORY:**

Date of Last Tetanus Shot: \_\_\_\_\_

Please provide copy of shot records if available.

**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: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

2. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

3. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**- Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet. -**

Please indicate below the following products you give permission to Kids Armor of Hope and its Registered Nurse to administer upon their best judgment as situations arise, and if in doubt, will call the care giver 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 Instructions if any:
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lipecac syrup	_____

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 KAH and KAH's nurse to administer the above medication from \_\_\_\_\_ to \_\_\_\_\_.  
Day/Date Day/Date

**Dates of Camp are: July 21 - 26, 2024**

**MEDICAL AND RELEASE FORM:**

The behavioral and health history provide 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, Kids' Armor of Hope, Inc. and Glen Lake 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 in 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 as legal guardian/social worker/other.

**Please initial each of the following:**

- \_\_\_\_\_ • I understand that it is my responsibility as the caregiver to make sure that the information provided is accurate for the safety of my camper.
- \_\_\_\_\_ • I understand that it is my responsibility as the caregiver that all medication instructions are clear, and the necessary dosage is adequately supplied for the camper's time at camp.
- \_\_\_\_\_ • I hereby authorize Kids Armor of Hope, Royal Family Kids Camp and their Registered Nurse to administer provided medications, as well as any over the counter medications my camper is in need of.
- \_\_\_\_\_ • I also hereby give my consent for the child in my care to attend Royal Family Kids Camp organized by Kids Armor of Hope.
- \_\_\_\_\_ • I understand that if my child becomes a threat to either themselves or other campers and staff, that they will be asked to leave camp.

Person(s) Authorized to pick-up child \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Relationship to child: \_\_\_\_\_

***Please provide any further information not covered in this application that you think will be beneficial for the Camp Directors while your camper attends camp.***

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