

For Office Use Only

_____ Received

_____ Chk #

_____ Amount Paid

_____ # on Check

_____ Meds



Royal Family KIDS Camp

For Foster Kids

6 – 12 Years Old

Sponsored by
[Thrive Church]
[22811 S Cedar Rd. Manhattan, IL 7085046394]
[June 8-12] • [2026]

Return Completed Application to:
royalfamilykidslockport@gmail.com
 Attn rfk
 10924 3rd street mokena illinois
 60448

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 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) <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home <input type="checkbox"/> Relative | | | | |

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

(_____) _____ (_____) _____

Home Phone: _____ Work Phone _____

(_____) _____

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 | ⓪ | ⓪ | ⓪ | Night Terrors | ⓪ | ⓪ | ⓪ |
| Bedwetting | ⓪ | ⓪ | ⓪ | Nightmares | ⓪ | ⓪ | ⓪ |
| Biting | ⓪ | ⓪ | ⓪ | Runs Away | ⓪ | ⓪ | ⓪ |
| Eating Disorders | ⓪ | ⓪ | ⓪ | Sexual Acting Out | ⓪ | ⓪ | ⓪ |
| Hyperactive | ⓪ | ⓪ | ⓪ | Steals | ⓪ | ⓪ | ⓪ |
| Learning & Disabilities | ⓪ | ⓪ | ⓪ | Tantrums | ⓪ | ⓪ | ⓪ |
| Lying | ⓪ | ⓪ | ⓪ | Withdrawn | ⓪ | ⓪ | ⓪ |

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? _____

IMMUNIZATION HISTORY:

Please fill in dates of basic immunizations and most recent booster as best as you can.

| | | | |
|--------------------------------|---------------|------------------------------|----------------------------|
| DTP Series _____ | Booster _____ | Tetanus Booster _____ | Polio OPV (Sabin) _____ |
| Typhoid _____ | | Measles Vaccine (live) _____ | Tuberculin (TB) Test _____ |
| German Measles (Rubella) _____ | | Mumps Vaccine (live) _____ | Small Pox _____ |

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 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 _____ Camper _____ through [church name].
 Year _____

Authorized Signature _____ Printed Name _____ Date _____
 Child's Medicaid # _____ Signature: _____
 Relationship to child: _____ Date _____

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: |
|--------------------------|--------------------------|---------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sunblock | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Insect repellent | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lip balm | _____ |
| <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"/> | Band-aids | _____ |
| <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"/> | Ipecac syrup | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | _____ |

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.