

For Office Use Only

____ Received
____ Meds
____ Weight



Royal Family KIDS Camp
For Foster Kids
7 – 11 Years Old

Return Completed Application to:
Royal Family KIDS,
PO Box 8614
Goleta, CA 93118

Sponsored by
Santa Barbara Community Church
1002 Cieneguitas Rd, Santa Barbara, CA 93110
Monday, June 23-Friday, June 27 • 2025

Contact Info:
Kim Faraudo
RoyalFamilySB@gmail.com

(805) 455-1343

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 completely filled in.

Child's Last Name	First Name	Preferred Name	Gender	Birthdate
Street		Age		Current Emotional Age
City	Zip	School	Grade	Reading level
The child is living with: (Check one) <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Biological Parent <input type="checkbox"/> Relative/Other				
Name(s) of person(s) the child is living with _____				
Email: _____				
Primary Phone: (_____) _____		Alternate 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Lying	⓪	⓪	⓪	Withdrawn	⓪	⓪	⓪

If yes to difficulty falling asleep, please offer specific ideas/routines that you do at home that might assist us during camp:

Please offer any other specific behavior details that could assist us with camper's week:

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 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 RFKC's 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 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 enroute 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. I give my permission for _____ Camper _____ to attend Royal Family Kids' Camp in the summer of _____ Year _____ through Santa Barbara Community Church.

Authorized Signature Printed Name Date

Relationship to child: _____

Child's Medicaid #/Other Health Insurance Policy _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

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

I trust the RFKC 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"/>	Laxative	_____
<input type="checkbox"/>	<input type="checkbox"/>	Melatonin	_____
<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"/>	Ibuprofen	_____
<input type="checkbox"/>	<input type="checkbox"/>	TUMS	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-lice shampoo	_____
<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, CELL PHONES, OR MONEY. THESE ITEMS ARE NOT NEEDED AT CAMP.

Physical Activity Release

Camper's Name _____

Name of Parent/Guardian _____

As the undersigned legal parent or caregiver, I request that my child be allowed to participate in the Royal Family KIDS (RFK) Camp. This Activity, Medical, and Transportation Permission and Release Form is effective on the date of my signature below, and will remain in full force and effect as long as my child participates with Royal Family KIDS Camp in any manner; it applies to all RFK Camp activities. I hereby give permission for my child to attend and participate in RFK Camp activities. I specifically authorize Royal Family KIDS to provide for, and arrange in my place, necessary medical care, as stated in the Medical Release Form. I hereby also give my permission for my child to ride in any vehicle designated by the adult(s) in whose care my child has been entrusted while participating in the RFK Camp activities.

In consideration for permitting my child to attend and/or participate in the RFK Camp activities included but are not limited to hiking, swimming, ropes course, archery, rock climbing wall, team recreation, etc. I do hereby release, and on behalf of my child release, Royal Family KIDS Inc., Royal Family KIDS of Santa Barbara County, supporting churches, the local leaders, volunteer assistants, Santa Barbara Christian Camp, and any designated driver of a van, bus, car, or other vehicle used in connection with RFK Camp ("Released Parties") from any and all claims for injuries, losses, damages, costs and expenses that I, and/or my child, might have against the Released Parties, arising out of, or in any way relating to, my child and the Camp activities, and I agree to hold the Released Parties harmless from any loss arising from such claims.

THE FOLLOWING TWO SIGNATURES ARE REQUIRED BEFORE THE APPLICATION WILL BE ACCEPTED:

Please sign using blue ink pen

Parent/Guardian Signature _____ Date _____

Social Worker Signature _____ Date _____