



# Summer Day Camp Registration 2010

Family ID: \_\_\_\_\_

Office Use Only

Pay on-line: www.kidsforthenations.com  
Pay by Phone: 214.302.6335  
Register by Mail: KFN 3404 Conway St.  
Dallas TX 75224  
Fax: 214.302.6228

## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

Male  Female  Grade completed (June 2010): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Are you attending with a church or group? Yes  No   
Name of Church / Group Attending: \_\_\_\_\_

T-Shirt's: Children's Sizes: Sm.  Med.  Lg.   
Adult Sizes: Sm.  Med.  Lg.  XL

### Please indicate which camp group this camper will join:

Islanders (ages 5-6)  Natives (ages 6-9)  The Tribe (ages 10-12)   
Has not completed the 1<sup>st</sup> grade Completed 1<sup>st</sup> grade Completed 4<sup>th</sup> grade

## PARENT INFORMATION

### Mother/Guardian Information

Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Father/Guardian Information

Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## EMERGENCY INFORMATION

Please call this person first:  Mother  Father  Below

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Insurance

Name of Family Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Do you carry family medical/ hospital insurance? \_\_\_\_\_

Carrier name: \_\_\_\_\_ Phone: \_\_\_\_\_

Group policy number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

### Swimming Information\*

- Non-Swimmer:** (Is unable to swim at all or participates in very little swimming.) Islanders in this category enjoy water play experiences and do not swim in a large pool.
- Beginner:** (Knows a basic swim method and is comfortable in 3 ½ ft of water.)
- Intermediate:** (Can swim at least 10 ft. without touching the bottom and is comfortable in 5 ft of water)
- Advanced:** (Strong swimmer; can swim the width of the pool on the top of the water without stopping and appears comfortable in all water depths.)

### Basic Medical Information\*

#### Allergies: (food, animals, medication, etc.)

Peanuts: Mild  Moderate  Severe

Other: \_\_\_\_\_

Asthma: Mild  Moderate  Severe

#### Medications:

- Yes, My Child is taking medications
- Yes, My Child will need medication given to him/her during the camp day.

Please include the specifics on the medication form provided.

#### Limitations:

Physical Limitations (describe):  
\_\_\_\_\_

Are there any activities your child may have difficulties with?  
\_\_\_\_\_

Other Details:  
\_\_\_\_\_  
\_\_\_\_\_

\*Please use the camper profile page for any information you want to communicate to your child's counselor. Only office staff has access to the full application form.

If your camper could be with one friend, who would they choose. Please keep in mind that Islanders will be placed with Islanders, Native with Natives, and Tribe with Tribe. Boys and girls are also in separate groups for Natives and Tribe.

1<sup>st</sup> choice: \_\_\_\_\_  
(First and Last Name Please)

2<sup>nd</sup> Choice: \_\_\_\_\_  
(This is especially helpful if you are attending with a group)

Note: All requests must be made at least one week prior to your camper arriving at camp.



Christ For The Nations, Inc.  
**Kids For The Nations**  
MINOR RELEASE FORM

I, \_\_\_\_\_ hereby affirm and agree that I am the parent or legal guardian of the child named below ("Minor"); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release.

In consideration of Christ For The Nations, Inc. enrolling the minor named below in Christ For The Nations, Inc. Kids For The Nations complete camp program, the undersigned persons voluntarily and knowingly execute this release with the express intention of effecting a full and complete release and discharge as herein set out.

The undersigned persons, with the intentions of binding themselves, their spouses, and their heirs, legal representatives, and assigns, expressly release and discharge Christ For The Nations, Inc. and Christ For The Nations Institute, its agents and employees from all claims, demands, action, judgments, and executions that they may have had, have now, and may have or that anyone claiming through or under them may have or claim to have against Christ For The Nations, Inc. This release includes all risks and liabilities connected with the activity, whether foreseen or unforeseen.

In the event that the minor is injured during the activity, and I am unable to provide consent to his or her medical treatment, I authorize Christ For The Nations, Inc. to consent on my behalf to the performance of any and all medical treatment judged necessary by the ministry, until I am able to provide consent or until someone legally able to speak on the minor's behalf is made available. I agree, individually and on behalf of the minor, to release, indemnify and hold Christ For The Nations, Inc. harmless from any liability which may be assessed against Christ For The Nations, Inc. as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

CFNI Children's Ministries will take photographs and/or video to use for promotional purposes. If you have reason to not have your child appear in such promotions, please attach a letter of request to this form.

Minor's Name: \_\_\_\_\_

Parents' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please list the full name(s) of anyone who is legally NOT to pick up your child under any circumstances (such as a non-custodial parent or other family member):

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Please note that children will not be released without the parent pick-up card or a church pick-up card -if registering as a group. If a card is lost or forgotten **we will** check identification, so please bring it with you.

**Financial Worksheet per Camper**

	<u>Session A or B</u>	<u>Session A &amp; B</u>	
Day Camp (by May 21st)	\$98	\$180	_____

A Late registration fee of \$20 per registration will be applied after May 21st. \_\_\_\_\_

**Extended Care (Optional)**

Including Early <u>or</u> Late Care	\$20	\$40	_____
Including Early <u>and</u> Late	\$30	\$60	_____

**Discounts**

If you have already registered one child from your household deduct \$10 for each of the additional campers.

**OR** If you are registering with a group of 10 or more deduct \$10. \_\_\_\_\_

- One or both parents are CFNI Faculty/Staff ID# \_\_\_\_\_  
(This does not include students working on campus)
- One or both parents are current CFNI Students ID# \_\_\_\_\_  
 One parent is on full work scholarship (Ask about discounts available)

**Total Cost:** \_\_\_\_\_

**Please indicate the week(s) your camper will attend:**

SESSION A (June 28 – July 2)       Session B (July 5-9)       SESSIONS A & B   
***Double Fun***

Are you enrolling in extended care?    Y   or   N

EARLY       LATE       EARLY & LATE

**PAYMENT INFORMATION:**

Reserve your child's spot with a \$40 non-refundable deposit, and the balance will be due by June 11<sup>th</sup>.

- Cost: \$ \_\_\_\_\_ Today I am paying:     Deposit     Full Amount
- Cash
- Check
- Credit Card:     Visa     Master Card     American Express     Other: \_\_\_\_\_  
 Card #: \_\_\_\_\_ #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Billing Address if different than above: \_\_\_\_\_
- Church / Group: \_\_\_\_\_
- On-Line
- Other (Approval Required): \_\_\_\_\_

**How did you hear about KFN?**

- Church     Friend     Internet     Brochure/Flyer     Now Magazine     School     Other: \_\_\_\_\_

**For Office Use Only!**     Cash     Check    Amount \$ \_\_\_\_\_  
Total amount received with this form

# Kids For The Nations Physician/ Parent Drug Authorization Form



Camper Name: \_\_\_\_\_  
 Session Attending: A  B  Both

Islanders  Natives  The Tribe

Please understand that **by law** we cannot administer any prescription medication to your child unless we have this form completed by your physician. All medications must be in their original container from the pharmacy with the current prescription label on the container. Your pharmacy will provide you with an empty bottle if you need one. This form must be turned in on or before arrival the 1<sup>st</sup> day of camp. This form will be kept on file by the camp nurse, please include any and all health information you want the nurse to be aware of so we can best serve your child.

## MEDICAL INFORMATION

### **Part One:** *To be completed by the parent.*

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other Information: \_\_\_\_\_

I hereby give my permission for the first aid nurse or other camp personnel to administer medication during the camp's hours to my child named below. I understand the request that my child must have taken the first dose of a new medication at home before you can administer the medication at camp. By signing below, I state that I understand and have complied with this procedure and hereby state that I have administered the medications below to my child and have witnessed no ill effects.

Over-the-counter medications currently taking:

1) \_\_\_\_\_ Reason: \_\_\_\_\_

2) \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Daytime Phone Number

### **Part Two –Prescription Medication:** *To be completed by the physician.*

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dose: \_\_\_\_\_

This medication is:

Emergency Medication     Daily Medication     Other: \_\_\_\_\_

Time of administration at camp:

10:00 - 11:00 AM     11:00 AM -12:00 PM     12:00 - 1:00 PM     1:00 – 2:00 PM

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Can a reaction be expected?    Yes    No

If so, please explain: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's phone number: (\_\_\_\_\_) \_\_\_\_\_

<b>For Office Use Only!</b> Group: _____    Family #: _____
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# Camper Profile



Camper Name: \_\_\_\_\_

Islanders

Natives

The Tribe

This is an *optional* Camper Profile in which you may provide information for us to share with your camper's counselor. Please be assured that this profile is confidential and only available to those in direct contact with your child. (**\*Please do not rely on this form to communicate health or other information to the camp as this form is given to your child's counselor.\***)

What session(s) of camp will your child attend this summer?

- A:** June 28 – July 2
- B:** July 5-9
- Double Fun**

What are your child's likes and dislikes?

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What calms your child down?

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How does your child interact with other children of the same age?

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What are your child's expectations for camp?

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Is there anything else you would like to share with us?

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Consider the back of this form to "write a letter" to your child's counselor. We want you to have input on your child!

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**For Office Use Only!** Group: \_\_\_\_\_ Family #: \_\_\_\_\_