

For Official Use Only

\_\_\_\_\_ Received

\_\_\_\_\_ Meds

## Royal Family KIDS Camp

A Camp for Foster Kids 6 – 11 Years Old

Sponsored by Hillcrest Church

**1400 Larrabee Ave. Bellingham, WA 360-733-8400**

**CAMP: June 22 to June 26, 2026**

Return Completed Application to:

Hillcrest Church  
C/O Laurie  
Alexander

1400 Larrabee Ave.  
Bellingham, WA 98225

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 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

Birthdate

Sex

Age	School	Grade		
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Street

City

State

Zip

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

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

(        )

Home Phone: Email\*

(        )

Emergency Contact

Phone

Relationship to Child

Social Worker

Day Phone Number

How many placement moves has this child had? \_\_\_\_\_

Explain any unusual family circumstances that make camp especially important for the child:  
(for example: recent crisis, being moved to a new placement, severe economic needs, etc.)

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### CAMPERS EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Details from above:**

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Any techniques that helps the child with any behavioral issue: \_\_\_\_\_

**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

Camper Shoe Size: \_\_\_\_\_

**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	_____

Detail from above: \_\_\_\_\_

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

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

**IMMUNIZATION HISTORY:**

*Please include a copy of your child's Immunization Record with the application.*

**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 **June 23 to June 27, 2025**.

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Parent or Legal Guardian Signature

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Printed Name

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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, and administer over the counter medications as needed 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 \_\_\_\_\_ to attend Royal Family Kids' Camp in the summer of 2025 through Hillcrest Church. \_\_\_\_\_ Camper

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Authorized Signature

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Printed Name

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Date

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Child's Medicaid # \_\_\_\_\_

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Signature: \_\_\_\_\_

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

**PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS**

I hereby give the Royal Family Kids' Camp Registered Nurse permission to administer over the counter remedies 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 let us know of any over the counter medications you wish your child **NOT** to use.

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Parent or Legal Guardian's Signature:

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Printed Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

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Person Authorized to pick-up child: \_\_\_\_\_

**PLEASE NO CAMERAS, PHONES, SMART WATCHES, TABLETS OR MONEY.  
THESE ITEMS ARE NOT NEEDED AT CAMP.**