

2016 Camps  
July 3-7 – Frio River  
July 25-28 – Abilene State Park

<p><u>Office Use Only</u> Date Received: _____ Acceptance Letter Sent: _____ Phone Calls: _____</p>
---

## **Promises for Families Foundation Camp & Tutorial Application Form**

This is a general application form that will be used for tutoring, programs & summer camps. You will be contacted and have the opportunity to select the camp location for your child.

*Please fill out this application completely before returning.*

**Student's name:** \_\_\_\_\_ **Entering Grade** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_ **Circle Gender:** **Male** **Female**

**Email Address** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address**  
\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **CIRCLE THE BEST PHONE NUMBER**

**Please specify any limitations to camper's participation in program:**  
\_\_\_\_\_  
\_\_\_\_\_

My child, \_\_\_\_\_, has my permission to participate in all planned activities while attending Promises for Families Foundation Programs. In signing this application, I certify that the information is correct and I give my permission for my child to be transported in public vehicles for approved activities.

**Parent/Guardian signature:** \_\_\_\_\_  
  
**Date** \_\_\_\_\_

# 2016 Health Form

## Camper Information:

Legal Name of Child:

\_\_\_\_\_

First	Middle	Last
-------	--------	------

Social Security Number \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Parent/ Guardian Information:

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

Address: (If different from above): \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Referring Agency: (if applicable) \_\_\_\_\_

Case Worker: (if applicable) \_\_\_\_\_

Agency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Information for Summer Camps:**

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

Campers are only allowed to bring prescription medication with a signed note from their physician. Medication must be in a prescription bottle with camper's name and physician's name printed on it. All medicine will be collected at registration and given when needed by the Camp Nurse. Please list any medical problems the camper has (**allergies to specific foods, exposure to native plants, or sun light**, asthma, etc.) and any medications that the camper is currently taking provided on the space on the next page. **INCLUDE DOSAGE AND TIMES FOR ADMINISTRATION!**

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any recent illness: (Yes/No) if yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Any recent exposure to contagious disease: (Yes/No) if yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Camper may take (check all that apply):** \_\_\_ Tylenol \_\_\_ Eye Drops \_\_\_ Eardrops  
\_\_\_ Antihistamine \_\_\_ Ibuprofen \_\_\_ Antacids \_\_\_ Benadryl \_\_\_ Robitussin  
\_\_\_ Throat lozenges \_\_\_ Hydrocortisone Cream \_\_\_ Imodium AD

***This camp provides secondary medical coverage. Your frankness about any physical or emotional disability will help the staff to work more effectively with your child.***

Physician name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

Insurance Company\*: \_\_\_\_\_

Group/Plan Number: \_\_\_\_\_ phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medicaid Number : \_\_\_\_\_

Name on Medicaid Account: \_\_\_\_\_

\*Please include a photocopy of your insurance card

**Please check or circle all that apply to camper**

Asthma  diabetes  recurrent ear infections  chronic constipation  depression  
 recurrent strep throat  frequent diarrhea  bedwetting  kidney/bladder infections  
 ADD/ADHD  sleepwalking  migraines  lactose intolerance  epilepsy/seizures

others (please list) \_\_\_\_\_

**Emergency Contact Information**

**Parent/Guardian name:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Alternative Contact:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone Numbers (s):** \_\_\_\_\_

In case of an emergency, I understand every effort will be made to contact the parent/guardian of the injured/ill camper. If I am unable to be reached, I give permission for Katy Hoskins or an appointed member of the Promises for Families Foundation to seek medical attention or administer first aide for my child. If case of a life-threatening situation, I understand that 911 will be called first, and then the parent/ guardian. Please sign and date.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**The Camp Nurse will administer Prescription Medication. *If your child needs prescription medications, please include medication for the entire number days they will be gone.* Campers who need prescription medication will not be allowed to travel to camp without the appropriate amount of that medication. Medication must be in the original prescription container. Please send only enough to cover the days spent at camp. We will return the prescription container.**

**Camp Code of Behavior - REQUIRED**

The Promises for Families Foundation Camp Code of Behavior is designed to show what we expect from everyone who is a part of camp, including campers, volunteers and staff.

- I will treat everyone with respect and dignity.
- I will not use inappropriate language during my stay at Promise Camp.
- I understand that each person has physical boundaries and I will not step over their boundaries. Sexual misconduct, including harassment, will not be tolerated.
- I understand that the use of alcohol, illegal drugs, and smoking are prohibited during my stay at camp. **I understand that my personal items maybe checked upon arrival to make sure there is no violation or misunderstanding concerning illegal contraband.**
- I will treat others the way I want to be treated.
- I will treat the facilities with care and not abuse the property.
- I will have a positive attitude and encourage others to do the same.
- I have read the Camp Information page and I promise to abide by all camp rules and accept the full authority of the Director, his staff, volunteers and clergy.

By signing below I accept the Code of Behavior and will honor it while I am involved in Promises for Families Foundation programs.

**Camper Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parents/Guardians: Please make sure the camper understands the terms of the Code of Behavior.

By signing below, I believe \_\_\_\_\_ understands the above Code of Behavior. All campers will be asked to abide by these rules during their stay at Camp. If the camper is in violation of these rules, proper action will be taken. In serious cases, I understand that the Director has the authority to dismiss the camper and that I am responsible for their immediate transportation home.

I have read and understand the general Camp Information and policies and will adhere to them fully.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Do we have permission to photograph you child or grandchild performing in activities for future publication? (Yes) (No)

***Note: Photographs of children never include identification.***

## **Information Fact Sheet**

This information is vital for scholarship reimbursement and future publication of brochures concerning Promise Camp. Please fill out all the information requested.

Name of the parent who is currently incarcerated: (if applicable)

---

Identification number: \_\_\_\_\_

Place of incarceration: \_\_\_\_\_

## **Information – *Keep this Information!***

### **Each Camper Should Bring:**

5 changes of comfortable, casual clothing  
(the Big Spring camp has additional requirements)  
Swimsuit and cover up  
Sturdy shoes – Closed toed shoes required  
Water shoes for the Frio River Camp  
Sunscreen  
Hat  
Shampoo, soap, tooth brush and toothpaste

*\*Cell phones may be brought if children leave this with the staff during the camp*

### **Should Not Bring:**

Electronic equipment/cell phone\*  
Tobacco products  
Money  
Alcohol

**For health and safety, luggage may be checked to ensure campers are in compliance with the above rules.**

**The Camp Nurse will administer Prescription Medication.** *If your child needs prescription or over the counter medications, please include medication for the entire number of days they will be gone. Campers who need prescription medication will not be allowed to travel to camp without the appropriate amount of that medication. Medication must be in the original prescription container.*

**Application for camp along with signed Code of Behavior and Health form should be received no later than May 1, 2016 for summer camp.**

**Mail or take these forms to:**

Promises for Families Foundation  
P.O. Box 61578  
San Angelo, TX 76906

If you have any questions regarding Promise Camp, please phone or email Katy Hoskins, 1-325-617-7888 or [katy@promisesforfamilies.org](mailto:katy@promisesforfamilies.org). After reviewing your child's registration forms, you will be contacted about camp dates and travel arrangements for your child.