

**Application for Camp Robin Rogers  
2018 Day Camp**  
546 S. Collett Street, Lima, Ohio 45805  
Phone: 419-225-6285  
*Please fill out this application completely*  
**Any incomplete application will be returned to you**

For Arc Use Only
Trans. ____ Bus or ____ Self
Bus Pick Up Location _____
Registration Paid: Yes or No Date: _____
Pay Rate \$ _____ per day
# Of Days _____
To be paid by: _____

Camper's Name	Last	First	Middle	Date of Birth	Age	Today's Date
Mailing Address	City	State	Zip	County	Sex	Race
Mother's/Guardian's Name	Home Phone		Work/Cell Phone Can you receive Text Messages Y N			
Father's/Guardian's Name	Home Phone		Work/Cell Phone Can you receive Text Messages Y N			
School	Grade/Level		IEP Yes or No If Yes must include a copy of IEP w/app.			
	Parent E-Mail		BSP Yes or No (include w/app.)			
Camper lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian						

**In case of emergency, and parents cannot be reached, please contact:**

Name	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone
Hospital preferred		

Medication must be in the **container with physician's instructions on it**. Please have pharmacist give you a spare bottle with full directions. Medication will **not** be given if not in a correctly marked container. A Medication Authorization form has been included in this application. Page 8 of this application form must be filled out and signed by your physician.

Is Camper on medication?  Yes  No If Camper is on medication please list completely, whether taken at camp or not.

Medication	Dosage	Times

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**Diagnosis:** (must be completed) \_\_\_\_\_

**You must supply a current shot record on/with this application.**

(we do not keep shot records from previous years. If shot record not included your application will be returned)

REQUIRED IMMUNIZATIONS (enter month, day, and year)
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Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					0
OPV				0	
HIB**					
MMR		0			

Notes: 0 = Recommended, not required

\*\*Children 5 years or older are not required to have HIB.

Children 15 months through 4 years of age must have at least one dose given on or after 15 months.

Infants up to 15 months of age may be required to have 4 does of vaccine.

If you cannot be reached by phone, may Camper have Tylenol or Pepto-Bismol in the appropriate dosage for their age?     Yes     No

Date of last Tetanus shot: \_\_\_\_\_.

Does your Camper have any allergies?     Yes     No

(i.e.) food, medication, drinks, environmental, etc.) Please list, if yes.

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Please give record of past medical treatment: (hospitalizations, surgeries, other concerns)

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Does Camper have any of the following needs? Please check all that apply.

Wears glasses \_\_\_\_\_ Wears hearing aid \_\_\_\_\_ Uses wheelchair \_\_\_\_\_  
Wears Diapers/Attends \_\_\_\_\_ Uses crutches \_\_\_\_\_ Uses braces/supports \_\_\_\_\_  
Has seizures \_\_\_\_\_ Takes medicine a certain way \_\_\_\_\_  
Needs assistance with meals \_\_\_\_\_ Uses communication devices \_\_\_\_\_ Uses other adaptive devices \_\_\_\_\_

If you checked any of the above, please explain:

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List any special precautions to be taken with Camper:

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List any fears of Camper, or any other facts of which we should be aware:

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Has your child ever been to camp?     Yes     No

What do you hope your child can gain from a camp experience?

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Does Camper have permission to swim with lifeguard on duty?     Yes     No

Does Camper need a life-jacket on to swim?     Yes     No

Does Camper need a counselor in the water with them when they swim?     Yes     No

Please circle your child's shirt size.

Small Youth      Medium Youth      Large Youth      Extra Large Youth  
Small Adult      Medium Adult      Large Adult      XL Adult\

# Release of Information Camp Robin Rogers

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We (I) understand precaution is taken to safeguard the health and safety of campers under Camp Robin Rogers supervision. We (I) agree to any emergency treatment by a physician or hospital in the event that we (I) cannot be reached, and release all personnel from any liability in connection with this activity or for any outside transportation and/or field trips.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

We (I) give permission to have my son's/daughter's picture taken during camp activities for publicity, marketing, or other purposes.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

List any special programs and/or agencies with which the child is affiliated on a regular basis (schools, therapy, case workers, etc.)

Name of Program	Phone Number	Name of Teacher, Therapist, Case Worker

We (I) give permission for the above named agencies/programs and/or educational institution to release information to The Arc of Allen County concerning my son's/daughter's program needs and services. This may include, but is not limited to IP/IEP, behavior plan(s), care assessments, social history, adaptive equipment needs, etc.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

If you have any questions about this form, please call The Arc of Allen County at 419-225-6285

# Release of Information

## Camp Robin Rogers

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### Application for Camp Robin Rogers 2018 Day Camp

Child must be 4 years of age on or before June 1, 2018. Day Camp operates from June 18 through July 19, 2018, Monday through Thursday, from 10:00 a.m. to 4:00 p.m.

**Circle dates your child will attend:**

	Mon.	Tues.	Wed.	Thu.
June	18	19	20	21
June	25	26	27	28
July	2	3		5
July	9	10	11	12
July	16	17	18	19

CAMP FEES: \$20.00 Each Day

- **Reservation confirmed with completed application and paid registration fee.\* (see below)**

- Family resource or other funds. (For those currently enrolled in the Family Support Services Program, have prior approval, and funds available). Other funding source(s). Please list what funding source you will use:

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

- My child will need transportation. Please contact me with pick-up/drop off location.

**\*There is a Non –Refundable Registration Fee of \$10.00 per application  
PAYMENT must accompany this application. If there is NO Registration Fee with this  
application we will not accept it, and your application will be returned to you.**

## **Release of Information**

### **Camp Robin Rogers**

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#### **Camp application continued.**

Some families may be eligible for financial assistance. An “Application for Campership & Reduced Fees” has been enclosed, or is available at The Arc office located at:

546 S. Collett Street  
Lima, Ohio 45805

- **Out of county residents are not eligible for financial assistance.**

1. We do not want to deny any child the opportunity to experience Camp Robin Rogers. For this reason, the Campership Fund was started. However, the funds are limited, so please return your application for assistance as soon as possible.
2. Eligibility for Camperships and reduced fees will be determined according to household income. W-2's may be required.

**\*Please remember that no Campership or reduced fee can be given unless you have filled out and turned in an “Application for Campership & Reduced Fees” form to The Arc office.**  
**Help your child go to camp by returning it as soon as possible!**

**DEADLINE FOR ALL PAPERWORK IS:**

**FRIDAY**

**June 1, 2018**

**The Arc of Allen County  
Camp Robin Rogers  
546 South Collett Street  
Lima, Ohio 45805  
Phone 419-225-6285  
Fax 419-228-7770**

**Authorization for Giving / Applying of Medication**

(this form is not necessary if your child will not be taking medication while at camp)

**I, the undersigned request the giving/applying of medication for:**

Full Name (Enrollee) \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

**In accordance with the instructions of our physician, (see other side of this paper)**

**Further, I will be responsible for delivery of the medication(s) in an original labeled container, and supplies to the facility. I will notify the program immediately, if we change physicians or medication(s), or terminate the use of medication for any reason.**

\_\_\_\_\_  
Signature of Parent / Guardian / Person having care or charge                      Date

\_\_\_\_\_  
Signature of enrollee (if not a minor)    Date

**The Arc of Allen County  
Camp Robin Rogers  
546 South Collett Street  
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Phone 419-225-6285  
Fax 419-228-7770**

Prescription Authorization (this form only necessary if your child will be taking medication while at camp)

Starting Date: June 18, 2018

Ending Date: July 19, 2018

<p><b>For your Doctor to fill in:</b></p> <p>Patient Name: _____ DOB: _____</p> <p>Medications:</p> <p>1.) _____</p> <p>2.) _____</p> <p>3.) _____</p> <p>Reactions to medications that should be reported. Special instructions:</p> <p>_____</p> <p>_____</p> <p>Physician Signature: _____</p> <p>Date: _____</p> <p>Physician Name: _____</p> <p>Address: _____</p> <p>City State / Zip _____</p> <p>Phone # _____ Emergency Phone: # 911</p>
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**Please Note:**

- 1. If any changes in medication(s) notify The Arc at 419-225-6285.**



**The Arc of Allen County's  
Camp Robin Rogers  
Authorization for Pick Up**  
546 S. Collett St.  
Lima, OH 45805

Child's/Children's Name(s): \_\_\_\_\_

The people listed below are authorized to pick up my child/children up from Day Camp.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**They will be required to show Picture I.D. when picking up child/children.**

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date