

Application for Camp Robin Rogers

2024 Day Camp

546 S. Collett Street, Lima, Ohio 45805

Phone: 419-225-6285

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

Please fill out this application completely. Any incomplete application will be returned to you.

| | | | | | | |
|--------------------------|------|---------------|--------|--|-----|--------------|
| Camper's Name | Last | First | Middle | Date of Birth | Age | Today's Date |
| Mailing Address | | | City | State | Zip | County |
| 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 | | |
| | | Parent E-Mail | | ISP Yes or No | | |
| | | | | BSP Yes or No | | |
| | | | | If Yes, please include copies of all that apply w/app | | |
| Camper lives with: | | Father | Mother | 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 all medication, 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 is not included, your application will be returned.)

REQUIRED IMMUNIZATIONS (enter month, day, and year of each dose)

| 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.

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 (i.e. food, medication, drinks, environment)? Yes No

If yes, please list. _____

Please give record of past medical treatments: (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 device _____ Uses another adaptive device _____

If you checked any of the above, please explain:

List any special precautions to be taken with Camper – **MUST BE FILLED IN. IF THERE ARE NONE PLEASE PUT N/A:**

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

Has your child ever been to camp? Yes No

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

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 Extra Large Adult 2XL Adult

Release & Photo Permission Information

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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/daughter's picture or video taken during camp activities for publicity, marketing, or other purposes

Signature of Parent/Guardian

Date

We (I) give permission for my child's picture to be taken for our end of the year camp video.

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 Contact Person |
|-----------------|--------------|------------------------|
| | | |
| | | |
| | | |

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/daughter's program needs and services. This may include, but is not limited to IP/IEP, behavior plans, 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.

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Child must be 4 years of age on or before June 3, 2024. Day Camp operates from June 17 through July 18, 2024, Monday through Thursday, from 10:00 a.m. to 4:00 p.m.

Circle dates your child will attend:

| | Mon. | Tues. | Wed. | Thurs. |
|------|------|-------|------|--------|
| June | 17 | 18 | 19 | 20 |
| June | 24 | 25 | 26 | 27 |
| July | 1 | 2 | 3 | |
| July | 8 | 9 | 10 | 11 |
| July | 15 | 16 | 17 | 18 |

CAMP FEES: \$30.00 EACH DAY

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

If your child will be using Family resource or other funding, please list below.
(For those currently enrolled in the ISS program, make sure to have prior approval and make sure you have funds available.)

Agency: _____

Contact Person: _____

Address: _____

Phone #: _____

Does your child need transportation? _____ If yes, you will be contacted with pick-up/drop-off times as soon as they are available. There are 4 bus stops available in Lima only. We do not provide transportation outside of Lima.

***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.**

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CAMPERSHIPS

We do not want to deny any child the opportunity to experience Camp Robin Rogers. For this reason, the Campership Fund was started. An "Application for Campership & Reduced Fees" is included with this packet or can be picked up at The Arc office. Funds are limited so please return your application for assistance as soon as possible.

Eligibility for Camperships and reduced fees will be determined according to household income. W-2's may be required. **Out of county residents are not eligible for financial assistance.**

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 3, 2024

**The Arc of Allen County
Camp Robin Rogers
546 South Collett Street
Lima, Ohio 45805
Phone 419-225-6285
Email – arc@wcoil.com**

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

Starting Date: June 17, 2024

Ending Date: July 18, 2024

For your Doctor to fill in:

Patient Name: _____ DOB: _____

Medications:

1.) _____

2.) _____

3.) _____

Reactions to medications that should be reported. Special instructions:

Physician Signature: _____

Date: _____

Physician Name: _____

Address: _____

City State / Zip _____

Phone # _____ Emergency Phone: # 911

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

Application for Campership & Reduced Fees
Camp Robin Rogers Day Camp
 546 S. Collett Street
 Lima, Ohio 45806
 (419) 225-6285

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

Total Number of people in household:

Names:

| | Last | First | Age | Income |
|----|-------|-------|-------|--------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |

Total household income:

(This includes all people staying at the home)

\$ _____

1. Has your child ever been to camp before? Yes No

2. If yes, when and where?

3. What do you hope your child gains from this camping experience?

4. Does your child receive any benefits, such as AFDC, Medicaid, SSI / SSDI, etc?

I understand that by signing this form, I am declaring that all information herein is true to the best of my knowledge and that any attempt to provide false or misleading information could result in loss of financial assistance for my child(ren).

 Signature of person completing this form

 Date