

**ST. FRANCIS CAMP ON THE LAKE  
10120 MURREY ROAD  
JEROME, MICHIGAN 49249**

**ALLERGIES** \_\_\_\_\_

**2008 Camper Fees (weekly) - \$450.00**

**INFECTIOUS DISEASES** \_\_\_\_\_

**CAMPER REGISTRATION APPLICATION**

**CAMPER:**

Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Group Home Name (If Applicable) \_\_\_\_\_  
Corporation Name \_\_\_\_\_ Phone No \_\_\_\_\_

**DIRECT PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Day Telephone \_\_\_\_\_ Night Telephone \_\_\_\_\_

**CAMPER PRIMARY DISABILITY**

(Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> EMI/Mild Retardation                     | <input type="checkbox"/> TMI/Moderate Retardation | <input type="checkbox"/> Behavioral      |
| <input type="checkbox"/> SMI/Severe Retardation                   | <input type="checkbox"/> Autistic                 | <input type="checkbox"/> Cerebral Palsy  |
| <input type="checkbox"/> Deafness                                 | <input type="checkbox"/> Blind                    | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> EI/Emotionally Impaired                  | <input type="checkbox"/> Non-Verbal               | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Seizure Disorder (Controlled? Yes or No) |   | <input type="checkbox"/> Wheelchair      |
| <input type="checkbox"/> Level of Mobility _____                  |   |  |
| <input type="checkbox"/> Special Diet                             |   |  |

**NOTE: Camp opens at 3 pm on Sunday.  
Camp closes at 11 am on Friday.**

The following are camp sessions for **2008**. Please call to confirm reservation of desired dates. A 50% (225.00) deposit payable to "St. Francis Camp" must accompany this registration to reserve dates. Deposit must be received by May 15, 2008 to hold your reservation. If not received by that date your reservation will become open to first come first served. Confirmation will be sent upon receipt of your deposit. The camp office must receive all camper forms and final payment two (2) weeks prior to camper's arrival. Campers will not be admitted to camp without advance receipt of forms. All Group Homes sending three or more wheelchair campers must also send an aide to assist the camp staff, which will add a \$50.00 cost per aide to the total cost for the camper.

**NOTE:** Receive a \$50.00 fee discount if you refer a new camper this year.

June 8, 2008 - June 13, 2008	July 13, 2008 - July 18, 2008 (Youth Week)
June 15, 2008 - June 20, 2008	July 20, 2008 - July 25, 2008 (Youth Week)
June 22, 2008 - June 27, 2008	July 27, 2008 - August 1, 2008
June 29, 2008 - July 4, 2008	**August 3, 2008 - August 8, 2008
July 6, 2008 - July 11, 2008 (Youth Week)	**August 10, 2008 - August 15, 2008

**\*\*NOTE:** 8/3 - 8/8 and 8/10 - 8/15 are only going to be open if the rest of the weeks are filled.

**PLEASE NOTE: WE NEED TO RECEIVE ALL PAPERWORK BEFORE CAMP DATE SO WE CAN MAKE CAMPER ASSIGNMENTS**

**\*\*No refunds shall be made unless cancellation is 30 days prior to reserved camp date.\*\***

**PRIVACY INFORMATION**

St Francis Camp on the Lake strives to maintain the privacy and integrity of all information provided within this application. No information is provided to any other entity with the exception that necessary medical information may be provided in order to ensure proper medical treatment in the event the camper must be transported to a medical facility or emergency room. No information is electronically disseminated to any outside agency. The requirements of The Health Insurance Portability and Accountability Act of 1996 state any business entity that maintains or provides medical information electronically must comply. St. Francis Camp on the Lake does not fall into the requirements of the HIPAA Act of 1996. This statement is only being provided to assure the parents/guardians of our campers that the information being provided will be held private and will not be shared with any other business or medical entity except as stated above. By signing below you state that you understand the information is going to be kept private and is only being provided to best serve the needs of the camper and St. Francis Camp on the Lake while the camper is attending the session and will not be disseminated to any other entity.

Parent/Guardian Signature \_\_\_\_\_  
Date Signed \_\_\_\_\_

**OTHER INFORMATION**

How did you learn about St. Francis Camp on the Lake?

- Online Search Engine \_\_\_\_\_
- Friend/Relative \_\_\_\_\_
- CampPage.com \_\_\_\_\_
- MI Kids Directory \_\_\_\_\_
- Other \_\_\_\_\_

Please list \_\_\_\_\_

**CAMP RELEASE FORM**

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

**EMERGENCY MEDICAL CARE:**

I hereby give permission to St. Francis Camp on the Lake, which is licensed by the Michigan Department of Social Services, to secure emergency medical and surgical treatment and to provide routine nonsurgical medical care for the minor child/adult named above while attending camp.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Upon admission for emergency treatment, health insurance, if any, carried by the undersigned, as indicated below, will cover costs of such treatment. An adult must witness signature.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**PHOTO RELEASE:**

I agree to allow photographs of the camper named above, to be used by St. Francis Camp on the Lake, and/or The Order of the Alhambra, for publicity or educational purposes including leaflets, flyers, television, newspaper, magazine, and advertisements.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**RELEASE/PICKUP:**

I hereby authorize the camper listed above to be released to/ picked up by only the following persons. I will notify in writing to St. Francis Camp on the Lake of any changes in such persons.

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**CAMPER MEDICAL INFORMATION**

Camper

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone \_\_\_\_\_ Night Telephone \_\_\_\_\_

Please describe all disabling conditions circled on Page 1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Medical Concerns: (Circle all that apply)

Arthritis

Asthma

Speech Problems

Eczema

Trouble passing urine

Trouble with bowel movements

Infectious Diseases

Scoliosis

Shortness of Breath

Dental Problems

Other Skin Rashes

Braces

Walker/Cane/Crutches/Helmet

Hydrocephaly

Hay Fever

Partially Sighted

Menstrual Problems

Muscular Problems

Please describe all medical conditions circled above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Yes or No Please describe: \_\_\_\_\_

Currently taking medications: Yes or No (List on back of this page)

Date of last physical exam: \_\_\_\_\_

Should camper's activities be limited due to physical condition or illness?

Yes or No

Please explain \_\_\_\_\_

Immunizations: (List on back of this page)

The information provided here is true to the best of my knowledge.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date Signed \_\_\_\_\_

**MEDICATION LIST**

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

Any special procedure used to give medications \_\_\_\_\_

NOTE: Camper medications must be set up in a weekly Med Cassette with the campers name annotated on the cassette and all medications must be listed below, no exceptions allowed.

NOTE: For accuracy in dispensing medications please provide a recent photo of your camper.

Medication Name	Frequency	Dosage	Times usually given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Immunizations	Date	Initial Immunization Completed	Date Of Most Recent Booster
Polio	_____	_____	_____
Mumps	_____	_____	_____
Diphtheria	_____	_____	_____
Tetanus	_____	_____	_____
Pertussis (Whooping Cough)	_____	_____	_____
Measles	_____	_____	_____
Rubella	_____	_____	_____
Hepatitis B	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

**PERSONAL HABITS**

**Please be accurate and current when answering the following questions!**

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

Group Home Name \_\_\_\_\_

Is this the first time at camp? \_\_\_\_\_

Does camper enjoy hobbies? \_\_\_\_\_

Does camper enjoy beach and water activities? \_\_\_\_\_

Does camper enjoy walking? \_\_\_\_\_

Does camper interact well with others? \_\_\_\_\_

Does camper take care of their belongings? \_\_\_\_\_

Does camper take other persons belongings? \_\_\_\_\_

Does camper take other persons food? \_\_\_\_\_

What are camper's favorite foods? \_\_\_\_\_

Eating: Does camper feed self need help needs to be fed

Drinking: Does camper drink independently need help

Dressing/undressing: Does camper do independently need help

Toileting: Does camper do independently need help

Are bed rails needed at night? \_\_\_\_\_

Does camper follow directions? \_\_\_\_\_

Is camper self-abusive? \_\_\_\_\_

Is camper verbally abusive? \_\_\_\_\_

Is camper usually happy withdrawn quiet

If camper is behavioral, please describe types of behavior and recommended methods of controlling behavior. \_\_\_\_\_

Is there any other information you wish to share about camper? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you!!!