

Potter's Ranch Youth and Family Ministry

2018 Kids Quest Day Camp

Application Form

Today's Date: _____

School Child Attends _____

Check camp attending:

Archery Camp, Adventure Camp, and Art Camp - \$225

Basic Horse Camp \$250 Advanced Horse Camp \$300

☐ Art Camp - June 4th to June 8th

☐ Basic Horse Camp - June 25th to June 29th

☐ Adventure Camp - July 9th to July 13th

☐ Advanced Horse Camp - July 16th to July 20th

☐ Archery Camp - July 23th to July 27th

A \$50 deposit for each camp is required with a completed application.

My child will be attending the program: Please circle appropriate day(s)

Monday

Tuesday

Wednesday

Thursday

Friday

Where does your family attend church? _____

Child's Information

Child's Name _____ Nickname _____

☐ Male ☐ Female Birthdate _____ Age _____ Grade _____ Height _____ Weight _____

What are your child's favorite indoor activities?

Are there any special circumstances in the family, which may be a factor in your child's behavior?
(divorce, separation, death, new baby, recent move, hospitalization, etc)?

In what ways would you like to see you child develop during his/her participation in our program?

Please add any additional comments, which you feel, might help us understand your child better.

Child lives with: ☐ both parents ☐ Mother ☐ Father ☐ Other _____

Marital Status of Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Other _____

Other Children in family:

Name _____ Age _____

Name _____ Age _____


Name _____ Age _____

Name _____ Age _____

Adults authorized to pick up camper:

Name	Address	Phone	Relationship to child
Name	Address	Phone	Relationship to child

EMERGENCY INFORMATION

Name of Child	Mother's Name	Father's Name
Street Address	Street Address (Check if same: ____)	Street Address (Check if same: ____)
City, State, Zip	City, State, Zip	City, State, Zip
Home Phone Number	Home Phone Number	Home Phone Number
	Cell Phone Number	Cell Phone Number
	Employer's Name	Employer's Name
	Employer's Address	Employer's Address
	City, State, Zip	City, State, Zip
	Work Phone Number	Work Phone Number
	Email Address	Email Address

People to be contacted in the event of an emergency if the parent(s) cannot be reached: (must have 2 contacts other than parents)

Name	Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Relationship to Child	Relationship to Child

Parents will be contacted before transporting.

Permission to Transport Child in Case of Emergency

I give Potter's Ranch my permission to transport my child, _____
 (Name of Child)
 to _____, for emergency medical care or to _____ for emergency dental
 (Hospital, Clinic) (Dentist, Clinic)
 care, or to the nearest source of assistance.

Please list child's Physician's Name and Telephone Number: _____

 Parent's Signature

 Date

Health Record Statement for Children

This form must be completed and submitted to the Potter's Ranch office prior to the child's participation in the program.

Child's Name: _____ Birth date: _____

Has your child had the following Diseases?

Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Infectious Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poliomyelitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Ivy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reaction to Insect Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No

Year of last Tetanus shot: _____

List all allergies and any special precautions and treatment indicated for these allergies:

Allergies	Precautions	Treatment
Allergies	Precautions	Treatment
Allergies	Precautions	Treatment

List any medications, food supplements, modified diets or fluoride supplements currently administered to the child: _____

List any chronic physical problems and/or history of hospitalizations: _____

List any other diseases or injuries the child has had: _____

Parent Statement of Understanding

- All final payments are due on first day of camp.
- If payment is not received on first day of camp there will be a \$10.00 late fee payment.
- Parents or guardian listed on camp application must sign their child (ren) in and out of the program.
- We are not responsible for items that are lost or stolen.
- There is a \$1.00 per minute late fee for any child left after 6:00 p.m.
- Children are not allowed to bring toys, cell phones or electronics from home. If children bring toys to camp, then the child must keep the toys in their bags until they go home.
- The parent/guardian is responsible for all guidelines as stated in the Parent Handbook. **Please read carefully.**

Child's Name _____

Parent's Signature _____

Date _____

Photo Release: I give permission for the staff of Potter's Ranch Kids Quest, or their designate, to take photographs or video of my child(ren), and I do not object to them being used for publications or publicity.

(Please Check All Applicable)

I give my child permission to ride a horse or pony: _____

I give my child permission to participate in activities that involve horses or ponies: _____

I give my child permission to ride on a horse drawn buggy or hay wagon: _____

Parent Handbook

I have read and understand the contents of the parent handbook and agree to all the terms that are covered in the manual. Signing this statement means that I have received and read the handbook, so when there is a reference to a rule or regulation I have been previously made aware of the guidelines.

Parent's Signature _____

Date _____