

**2020 Christian Disciple Farm Day Camp Registration Form - August 3-7**  
One form must be filled out for each child in your family who will be attending camp

Camp is \$35 per person with a \$140 maximum per family

To ensure a spot, register as early as possible

**Registration deadline is July 15, 2020**

If registration is received after July 15 we may not be able to provide a buddy or have a t-shirt for your child.

Child's Name \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone number (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Other Phone (\_\_\_\_) \_\_\_\_\_ e-mail(if good way to reach you) \_\_\_\_\_  
Name & City of Home Church (if have one) \_\_\_\_\_  
Child's age as of 8/3/20: \_\_\_\_ Date of birth: \_\_\_\_\_ Approximate weight: \_\_\_\_\_ Gender: \_\_\_\_  
Child's Diagnosis (no abbreviations): \_\_\_\_\_

**Allergies? Please circle all that apply and list specific allergen, reaction & treatment**

Medications: \_\_\_\_\_  
Foods: \_\_\_\_\_  
Environmental: \_\_\_\_\_  
Animals: \_\_\_\_\_  
Other: \_\_\_\_\_  
No known allergies

**Do medications need to be administered at camp?** \_\_\_\_ Yes \_\_\_\_ No (Nurse is available to do this)

If yes, please fill out the medication form you can find at [www.disciplefarm.com](http://www.disciplefarm.com) and send it in with your registration or we will mail one to you.

**Dietary Considerations: Please circle all that apply at camp:**

G-tube (Nurse can do this)	Pureed/Soft Foods	Uses straw for liquids
Will bring lunch from home	Uses special cup/utensils	Environmental considerations for feeding
Parent will feed	Thickened liquids Requires	Assistance Feeding – Min Mod Max
Special positioning for feeding	Won't eat at camp	Special diet
Other: _____		

Please describe all circled dietary considerations. Explain how your child's Buddy should be involved.

\_\_\_\_ **No problems with feeding**

**Communication: Please circle all that apply at camp.** How will your child communicate with his/her Buddy?

Spoken language is: _____	Non-Verbal	Sign Language
Speech Delays – Min Mod Max	Picture board	Augmentative Communication Device
Gestures	Other: _____	

Please describe use of all circled language supplements and/or delays as they would involve communication between your child and his/her Buddy at camp. \_\_\_\_\_

\_\_\_\_ **No communication issues**

**Respiratory Issues: Please circle all that apply at camp**

Asthma \_\_\_\_\_ Tracheotomy \_\_\_\_\_ Other: \_\_\_\_\_  
Please describe how these issues may affect your child at camp and the role the buddy or nurse will need to take in dealing with them. \_\_\_\_\_

\_\_\_ **No respiratory issues**

**Physical Issues: Please circle all that apply at camp.**

Assistance walking – Min Mod Max \_\_\_\_\_ Assistance w/Fine Motor Skills – Min Mod Max \_\_\_\_\_ Walker  
Assistance w/transfers – Min Mod Max \_\_\_\_\_ Wheelchair/Stroller/Scooter \_\_\_\_\_ Stander  
Non-Ambulatory \_\_\_\_\_ Cane/crutches \_\_\_\_\_ Hand Splints  
AFOs/Orthotics/Braces \_\_\_\_\_ Needs someone near while walking \_\_\_\_\_ Other  
Please describe all circled items and expected involvement of Buddy. \_\_\_\_\_

\_\_\_ **No physical issues**

**Medical issues: Please circle all that apply**

Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ Heart \_\_\_\_\_  
Shunted Hydrocephalus \_\_\_\_\_ Other: \_\_\_\_\_  
Please describe how these medical issues will affect your child at camp and what involvement will be needed from the buddy or nurse. \_\_\_\_\_

\_\_\_ **No medical issues**

**Toilet Routine: Please circle all that apply at camp.**

Requires Supervision in Toilet \_\_\_\_\_ Help with clothing \_\_\_\_\_ Diaper Changes \_\_\_\_\_  
Goes on a schedule (Give schedule below) \_\_\_\_\_ Needs reminders to go \_\_\_\_\_ Help with wiping \_\_\_\_\_  
Need to wait outside door \_\_\_\_\_ Remind to wash hands \_\_\_\_\_ Needs help with sitting or standing \_\_\_\_\_  
Please describe type of assistance required and the child’s usual routine: \_\_\_\_\_

\_\_\_ **No issues with toileting**

**Sensory Issues/Behavior Characteristics: Please check all that apply at camp and describe.**

Include recommended response of buddy, warning signs, trigger issues, rewards/incentives  
\_\_\_ Visual Impairment \_\_\_\_\_  
\_\_\_ Auditory Impairment \_\_\_\_\_  
\_\_\_ Sensitive to Touch \_\_\_\_\_  
\_\_\_ Sensitive to certain/loud noises \_\_\_\_\_  
\_\_\_ Unusual Fears \_\_\_\_\_  
\_\_\_ Doesn’t always follow directions \_\_\_\_\_  
\_\_\_ Poor safety awareness \_\_\_\_\_  
\_\_\_ Needs foreshadowing \_\_\_\_\_  
\_\_\_ Very active \_\_\_\_\_  
\_\_\_ Short Attention Span \_\_\_\_\_  
\_\_\_ Runs away \_\_\_\_\_  
\_\_\_ Tends to Wander \_\_\_\_\_  
\_\_\_ Aggressive/dangerous to self or others \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

\_\_\_ **No Sensory or Behavior issues**

Child's T-shirt size \_\_\_Small(6-8) \_\_\_Med(10-12) \_\_\_Large(14-16) \_\_\_Adult Small  
\_\_\_Adult Med \_\_\_Adult Lrg \_\_\_Adult X-Lrg \_\_\_Adult XX-Lrg \_\_\_Adult XXX-Lrg  
Days child will attend camp: \_\_\_Mon 8/3 \_\_\_Tue 8/4 \_\_\_Wed 8/5 \_\_\_Th 8/6 \_\_\_Fri 8/7

**Notes for buddy matching.** These notes will be confidential.

How important is the gender of your child's buddy? \_\_\_\_\_

List a few characteristics it would be helpful if your child's buddy had: \_\_\_\_\_

If your child attended camp last year, did they do well with their buddy: \_\_\_ yes \_\_\_no

Would they like the same buddy again? \_\_\_ yes \_\_\_ no If yes, give name of buddy: \_\_\_\_\_

Is there any child who should not be in your child's group: \_\_\_\_\_

Your child will be placed in a group of children in the same age range. Does this work and if not please explain.  
\_\_\_\_\_

**Assistance:** Will there be any adults at camp who are familiar with your child and could be contacted should any assistance be needed? **Adult's Name** \_\_\_\_\_

**Additional Information.**

Child's Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Will you be camping at Jefferson County Fair Park? \_\_\_Yes \_\_\_No \_\_\_Not sure

If yes, give names of who is staying \_\_\_\_\_

(If you need an RV spot with hook-ups you need to call us to reserve one. If your RV doesn't need hook-ups then you don't need to reserve it.)

**Parents' participation in camp** (you only need to fill this out on one of your children's forms)

Will Mom be a participant in camp also? \_\_\_Yes \_\_\_No

Days Mom will attend camp: \_\_\_Mon 8/3 \_\_\_Tue 8/4 \_\_\_Wed 8/5 \_\_\_Th 8/6 \_\_\_Fri 8/7 (cost: \$7/day)

(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Mom is participating, give T-shirt size: \_\_\_S \_\_\_M \_\_\_Lrg \_\_\_X-Lrg \_\_\_XXLrg \_\_\_XXXLrg

Will Dad be a participant in camp also? \_\_\_Yes \_\_\_No

Days Dad will attend camp: \_\_\_Mon 8/3 \_\_\_Tue 8/4 \_\_\_Wed 8/5 \_\_\_Th 8/6 \_\_\_Fri 8/7 (cost: \$7/day)

(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Dad is participating, give T-shirt size: \_\_\_S \_\_\_M \_\_\_Lrg \_\_\_XLrg \_\_\_XXLrg \_\_\_XXXLrg

If Mom or Dad **is participating in camp**, will you have a child under the age of 3 that you would like us to provide childcare for? \_\_\_Yes \_\_\_No Days you would like childcare: \_\_\_\_\_

List names and ages at time of camp: \_\_\_\_\_

Please fill out a **registration form** for each of these children. There is no fee.

I give my permission for this form to be shared with whomever the directors deem necessary in order for my child to be safe at camp.

**Parent's signature** \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgment of Disclosure of Risk and Permission to Participate in The Christian Disciple Farm p.4**

In consideration of the opportunity afforded \_\_\_\_\_ (Child) to participate in “The Christian Disciple Farm”, the undersigned, being a parent or legal guardian of the Child and in recognition of the possible danger to which the Child may be voluntarily subjected, including, but not limited to, rock wall climbing, fishing, horseback riding, hiking, adapted sports, and cooperative games, the undersigned hereby knowingly, freely, and voluntarily waive, on behalf of the Child, and the undersigned, any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue and hereby authorize the participation of the Child in “The Christian Disciple Farm” Day Camp to be held Monday, August 3–Friday, August 7, 2020 from 9:00am – 2:20pm daily.

Many of the wonderful camp experiences are photographed by family members and volunteers, along with occasional visits from local media. I understand that my child’s picture may be used for publicity or publications to spread the word about The Christian Disciple Farm and/or Servant Community (the non-profit that sponsors camp) or to thank sponsors and volunteers.

I understand that my child’s buddy will do his/her best to care for and meet the individual needs of my child. Should my child’s behaviors or needs become a danger to him/herself, campers or to others, I will be called for advice and perhaps to pick my child up from camp. Return to camp will be at the discretion of the camp directors and child’s parents.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency. If an emergency were to happen, I understand that my child will be taken to Fort Atkinson Memorial Hospital or Aurora Medical Center in Oconomowoc. In the event that I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever medical or surgical treatment is necessary.

It is expressly understood and agreed that Servant Community, Ken and Sue Rheingans (owners of Raspberry Hill Farm-event location), or any other participating organization shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by my child in connection with any activities or programs associated with The Christian Disciple Farm.

\_\_\_\_\_ **Date** \_\_\_\_\_ **Parent or Guardian’s Signature**

If one or both parents are participating in camp then your signature(s) is required below stating that you have read the acknowledgement of risks and agree to the terms in regard to yourselves.

I have already filled this out on my other child’s form. If so, give name of child: \_\_\_\_\_

**1<sup>st</sup> Parent Signature**

Does either parent attending camp have any special needs? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does either parent attending camp have any allergies? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does either parent attending camp have any dietary considerations? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does Mom or Dad have any medical conditions we should know about? \_\_\_Yes \_\_\_No Which one? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**2<sup>nd</sup> Parent Signature**

**Please return all four pages of this form with the signature at the bottom of page 3 and at least one signature on this page along with the \$35 fee for this child (plus any fees for one or both parents to participate-\$7/day per parent) to Sue Rheingans at W1008 Froelich Rd, Sullivan, WI 53178. Send forms for your entire family all at once if possible. (\$140 maximum for family)**

**Please make checks payable to: Servant Community.** A full refund will occur if your child does not get into camp due to camp being full, registration received too late or our inability to secure a reliable buddy for your child.

Once your registration and check have been received you will get an acknowledgement postcard or email (unless received after the deadline, in which case you will get your camp information about a week before camp).

**Questions? Call Sue or Ken Rheingans at (262) 593-5616  
This form will also be available at [www.disciplefarm.com](http://www.disciplefarm.com)**