

2021 Christian Disciple Farm Day Camp Registration Form - August 2-6
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, 2021

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 8/2/21: ____ 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 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
Requires Assistance Feeding – Min Mod Max	Parent will feed	Thickened liquids
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**

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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 8/2 ___Tue 8/3 ___Wed 8/4 ___Th 8/5 ___Fri 8/6

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** _____

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 8/2 ___Tue 8/3 ___Wed 8/4 ___Th 8/5 ___Fri 8/6 (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 ___XXL ___XXXL

Will Dad be a participant in camp also? ___Yes ___No

Days Dad will attend camp: ___Mon 8/2 ___Tue 8/3 ___Wed 8/4 ___Th 8/5 ___Fri 8/6 (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 2–Friday, August 6, 2021 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 The Epworth League Inc, 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: _____

_____ **1st Parent Signature**

_____ **2nd 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: _____

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: Epworth League. Payment is available online as well. 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 payment 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 is also be available at www.disciplefarm.com