

2022 Christian Disciple Farm Day Camp Registration Form - August 1-5

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, 2022

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 8/2/22: ____ 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

2022 Christian Disciple Farm Day Camp Registration Form - continued

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 8/1 ___ Tue 8/2 ___ Wed 8/3 ___ Th 8/4 ___ Fri 8/5

Notes for buddy matching. These notes will be confidential.

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

List a few characteristics that 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 8/1 ___ Tue 8/2 ___ Wed 8/3 ___ Th 8/4 ___ Fri 8/5 (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 8/1 ___ Tue 8/2 ___ Wed 8/3 ___ Th 8/4 ___ Fri 8/5 (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 **childcare registration form** for each of these children (it will be sent to you). 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 1–Friday, August 5, 2022 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 The Epworth League (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. If you did not register and/or pay online then mail the \$35 fee for this child (plus any fees for one or both parents to participate-\$7/day per parent).

Send 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. 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 be emailed or called).

Questions? Call Sue or Ken Rheingans at (262) 593-5616 This form is also available at www.disciplefarm.com