Name of child:_______________________________________DOB:______________

CAMP RUGGLES, INC.

PO Box 353 Chepachet, RI 02814
(401) 567-8914 (winter office) (401) 568-6525 (summer office)

APPLICATION

****APPLICATION DEADLINE IS MAY 1, 2017****

Camp Ruggles will operate Monday-Friday from **June 26 through August 4, 2017.** Children will be accepted for the **entire camping season.**

ELIGIBILITY REQUIREMENTS:

1. Child must be between the ages of 6 and 12 years-old.
2. Child must be on an active case list of the referring agency or in a school special education program for children clinically diagnosed with an emotional or behavioral disability.
3. **ALL INFORMATION MUST BE PROVIDED BEFORE THE APPLICATION WILL BE EVALUATED.**

PERSONAL INFORMATION:

Name of child: ______________________ Age: _______ DOB: ____________ M ___ F ___

Address: ___________________________ Town: _________________ Zip Code: _________

Email: ______________________ School: _____________________ Current grade: ____

EMERGENCY CONTACTS:

In case of an emergency (e.g. illness, injury, bus pick up/drop off issue), we MUST be able to contact an adult during the camp day. Please provide the name and current contact information of at least three individuals. Be sure to list yourself as the first contact.

1st Contact: (primary caregiver)

Name:	Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:

2nd Contact:

Name:	Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:

3rd Contact:

Name:	Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:

Name of child:____DOB:________________

Has this child attended Camp Ruggles before?
☐ No ☐ Yes - List Dates: _______________

Is the camper of Hispanic or Latino Origin?
☐ Yes ☐ No

Camper Race (Please choose any that apply)
☐ White or Caucasian
☐ Black or African American
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ American Indian or Alaska Native

HOUSEHOLD COMPOSITION:

Who does the child live with?

Name:	Relationship to Child:	☐ Bio Parent ☐ Step Parent ☐ Adoptive Parent ☐ Foster Parent ☐ Other Relative ☐ State Care
Do you have legal Guardianship? ☐ Yes ☐ No		
Home Telephone Number:	Cell Phone Number:	Work Number:

Name:	Relationship to Child:	☐ Bio Parent ☐ Step Parent ☐ Adoptive Parent ☐ Foster Parent ☐ Other Relative ☐ State Care
Do you have legal Guardianship? ☐ Yes ☐ No		
Home Telephone Number:	Cell Phone Number:	Work Number:

Who else does the child live with? Please list all other household members:

Name: ______________________________ Relationship: ______________________________

Name: ______________________________ Relationship: ______________________________

Name: ______________________________ Relationship: ______________________________

Name: ______________________________ Relationship: ______________________________

What is the primary language spoken in the home? ______________________________

Please describe other important factors about the child's living situation (e.g. composition of another household, if applicable; restraining orders; siblings living elsewhere):

____

____

____

Name of child:____DOB:________________

REFERRED BY:

Referring agent: ___________________________ Role:_____________________________

Telephone: _________________________Email:___________________________________

AGENCY INVOLVEMENT:

Agency:____

Address:_______________________________________ Telephone:___________________

Please list counselor, psychiatrist, or other provider: ______________________________

____

What services does the child receive at the above-named agency?

□ Counseling □ Medication management □ Other: ________________________________

Physician's Name: _________________________Telephone:_________________________

Address:____

RELEASE OF INFORMATION:

As part of the application process, support staff at Camp Ruggles routinely connect with outside service providers. Do you give Camp Ruggles staff permission to speak with the above-named individuals regarding your child's diagnoses, treatment, behavioral, and emotional functioning? Yes ________ No ________

If yes, please sign and date below:

Parent/Guardian Signature: _____________________ Date of Signature: ____________

PERMISSION TO PHOTOGRAPH:

Camp Ruggles, Inc. has my permission to post pictures of my child on the public Camp Ruggles Facebook page. My child's name will not be posted in association with this photograph. YES __ NO ___

Camp Ruggles, Inc. has my permission to use my child's picture for the purpose of camp publications. My child's name will not be printed in association with this photograph. YES __ NO ___

Parent/Guardian Signature: _____________________ Date of Signature: ____________

Name of child:____DOB:__________________

DISABLING CONDITION(S):

The child has been formally diagnosed by a credentialed professional with the following:

- ☐ ADHD
- ☐ Oppositional Defiant Disorder / Disruptive Behavior Disorder
- ☐ Post-Traumatic Stress Disorder
- ☐ Reactive Attachment Disorder
- ☐ Depression
- ☐ Disruptive Mood Dysregulation Disorder
- ☐ Bipolar Disorder
- ☐ Generalized Anxiety Disorder
- ☐ Separation Anxiety
- ☐ Social Anxiety
- ☐ Autism Spectrum Disorder
- ☐ Social Communication Disorder
- ☐ Intellectual Impairment
- ☐ Obsessive Compulsive Disorder
- ☐ Speech / Language Delays
- ☐ Learning Disability
- ☐ Tic Disorder / Tourette's
- ☐ Other: __________________________

SCHOOL INFORMATION:

School: ____ Current grade: __________

What type of class is your child in?
Regular education_____ Inclusion_____ Pull-out resource_____ Self-contained_____
Alternative Placement_____

Does your child receive counseling services in school? Yes_____ No_____
Name of counselor: ____

Does your child have a current IEP? Yes_____ No_____

Does your child have a current 504 plan? Yes_____ No_____

ADAPTIVE, BEHAVIORAL & SOCIAL-EMOTIONAL FUNCTIONING:

To what extent can your child participate in family, social, community, or religious activities (e.g. daycare, going out to eat, school field trips, after-school programs/clubs, family parties, church)? Please circle one:

1 = My child cannot participate in these types of activities.	**2** = My child can participate in some of these types of activities.	**3** = My child can participate in most of these types of activities.	**4** = My child can participate in all of these activities.

Please briefly describe the reason for your answer: ______________________________________

____

____

____

____

Name of child:____DOB:________________

Is your child toilet trained? Yes_____ No______ If no, please explain further: ______________

____

Does your child engage in any of the following:

☐ eloping from environments

☐ fire-setting

☐ self-harm

☐ physically harmful actions toward others

Please describe any checked items: ____

____

____

____

Has your child ever been hospitalized for mental health reasons? Yes______ No______

Dates & Locations: ____

____

Please describe any other factors that could affect your child's day-to-day behavior at camp (e.g. behavioral triggers – please include any trauma triggers; social difficulties; communication skills; difficulty changing into, or out of, a bathing suit): ________________

____

____

____

____

____

____

****Please forward copies of recent medical/psychological/psychiatric evaluations, Functional Behavioral Assessments, Behavior Intervention Plans, and IEP/504 plans** which may assist us in understanding the child.
Reports will be received by the camp psychologists and the camp nurse and will be maintained according to accepted procedures of confidentiality.
****Camp Ruggles, Inc. Is an Affirmative Action Program and is administered without discrimination of race, creed, or color.**

Name of child:____DOB:__________________

MEDICAL INFORMATION:

MANDATORY-NO child will be considered or accepted without the following information:

(All medical information is confidential.)

1. A copy of all immunizations is needed. A copy of school immunizations is acceptable if the following dates are recorded, including month/day/year.

DPT__________ __________ __________ __________ __________ (at least 5 needed)

MMR__________ __________ (2 needed)

OPV__________ __________ __________ __________ (at least 4 needed)

PPD/Mantoux Date__________ Results__________ (within the last 12 months)

Varicella (Chicken Pox)__________ __________(2 needed)

Hepatitis B__________ __________ __________ (3 needed)

2. A copy of a physical exam within the last 12 months. **State law requires a complete physical exam before a child can be fully accepted into camp.** This must include a signed letter from the doctor stating any medical information and any limitations.

Child may participate in all camp activities per child's health care provider.

Yes_____ No_____

If no, list any limitations:____

Parent/Guardian Signature: ____

3. Is the child currently receiving medication? Yes_____ No_____

Medication:	Dosage:	Time(s) Given:	Reason for Medication:

Name of child:____DOB:_________________

Will the child take medication at camp?: Yes___ No___ **(All Medication will be given at Lunchtime)**

****Any child who takes medication at camp must have a doctor's note and parent permission for the camp nurse to give the child the medication. The doctor's order must state the child's name, date, medication, dosage, time to be given, and length of time to be administered. All medication must be its original container. NO MEDICATION WILL BE GIVEN IF RECEIVED IN ENVELOPES, BAGGIES, OR OTHER CONTAINERS.**

(All Ritalin, Adderall, Methylphenidate, Dexedrine, or other controlled substances will be counted when received at camp and accounted for weekly.)

4. Does the child have allergies to:

Foods(e.g., peanuts, milk, chocolate, fruits) Yes_____No_____

Name of food:____

Bees/Insects Yes_____No_____

Environment Yes_____No_____

Medication Yes_____No_____

Latex Yes_____No_____

Other:_________________________________ Yes_____No_____

If yes on any of the above, what kind of reaction does the child have?______________

____

If yes on any of the above, does the child need medication for this allergy (e.g., Epi Pen, Benadryl)? Yes_____No_____

**** Any child with a bee/wasp/hornet sting or severe allergy who needs an Epi Pen must provide the camp with the Epi Pen on the first day of camp along with a doctor's note.**

5. Has the child ever had a seizure? Yes_____No_____

If yes, what type of seizure?____

Does the child need medication to control seizures? Yes_____No_____

If yes, what is the name of the medication?_____________________________________

6. Does the child have heart problems? Yes_____No_____

If yes, please describe? (****Please speak with the camp nurse)**____________________

____

Name of child:____DOB:__________________

7. Does the child have asthma? Yes_____No_____

If yes, are medications needed? Yes_____No_____

Name of medication and dosage:____

What triggers the child's asthma?____

**** Any child with asthma who needs an inhaler at camp must provide the camp with the inhaler on the first day of camp along with a doctor's note.**

8. Does the child have any of the following:

_____visual impairment/glasses
_____speech impairment
_____tuberculosis/cystic fibrosis
_____eczema/skin disorder
_____orthopedic (bone) disorder/
cerebral palsy/brace/extremity weakness
_____HIV/AIDS
_____Heart Disease
_____hearing impairment/tubes/hearing aid
_____arthritis
_____blood disorder
_____cancer/tumors
_____toileting accidents
_____Seizures
_____other-explain_______________________

9. Has this child had any past medical treatments for any of the above or other conditions?
___No ___Yes: (please describe)____

MEDICATION PERMISSION:

I,_______________________________________, give the Camp Ruggles nurse permission
(parent/guardian)

to give my child,_______________________________, the following medication(s) while
(name)
at camp:

_____________________________ ________________________ __________________
(medication) (dosage) (time given)

_____________________________ ________________________ __________________
(medication) (dosage) (time given)

Parent/Guardian Signature___________________________________ Date______________

Name of child:____DOB:__________________

EMERGENCY MEDICAL RELEASE (NURSE'S COPY):

I, _________________________________, the parent/guardian of the above-named child, grant permission to the Camp Ruggles, Inc. medical staff to seek necessary medical treatment for my child in an emergency. In case of an emergency, I would like my child sent to:

(Name of hospital)____

(Name of doctor)____

Comments or notes from parent/guardian:_______________________________________

____

MINOR TREATMENT RELEASE (NURSE'S COPY):

I, _______________________________, the parent/guardian of the above-named child, give Camp Ruggles, Inc. permission to treat minor injuries, administer any special medication, and aspirin or Tylenol, if necessary. The above-named child has my permission to engage in all camp activities, including field and bus trips off of the camp property, unless otherwise noted by me and/or the examining physician. I also release Camp Ruggles, Inc. of legal responsibility in case of any accident that is coincidental to camp activities, assuming that proper supervision is present.

____ ________________________
(Parent/Guardian Signature) (Date)

Name of child:____DOB:________________

EMERGENCY MEDICAL RELEASE (ADMINISTRATION COPY):

I, _______________________________, the parent/guardian of the above-named child, grant permission to the Camp Ruggles, Inc. medical staff to seek necessary medical treatment for my child in an emergency. In case of an emergency, I would like my child sent to:

(Name of hospital)____

(Name of doctor)____

Comments or notes from parent/guardian:____________________________________

____

MINOR TREATMENT RELEASE (ADMINISTRATION COPY):

I, _____________________________, the parent/guardian of the above-named child, give Camp Ruggles, Inc. permission to treat minor injuries, administer any special medication, and aspirin or Tylenol, if necessary. The above-named child has my permission to engage in all camp activities, including field and bus trips off of the camp property, unless otherwise noted by me and/or the examining physician. I also release Camp Ruggles, Inc. of legal responsibility in case of any accident that is coincidental to camp activities, assuming that proper supervision is present.

_______________________________________ ______________________
(Parent/Guardian Signature) (Date)

FOR CHILDREN RIDING THE CAMP RUGGLES BUS:

Camp Ruggles, Inc. has my permission to drop off my child at the designated bus stop **unattended** if I am not there to pick him/her up. YES_____NO_____

____ ______________________
(Parent/Guardian Signature) (Date)

Name of child:____DOB:________________

MEDICATION ORDERS/PERMISSION:

To insure safe dispensing of the medication you have ordered for your patient while he/she is participating in the Camp Ruggles setting, please complete the information below. (NO medication will be dispensed without a doctor's/nurse practitioner's order.) Please include medication name, dosage, time to be given, and duration.

To: Camp Nurse

Camper's name:_______________________________________Date:____________

Medication order:____

____

____

____

The camper is both capable and responsible to self-carry this medication (Epi Pen or inhaler only/DOES NOT APPLY TO CONTROLLED SUBSTANCES) YES_____NO_____

The parent/guardian, after consultation with the camp nurse, may request an adjustment in administration time or deletion of medication to accommodate a late arrival or early departure time to/from camp. YES_____NO_____

____

(Medical Provider Signature)

I, parent/guardian of the above-named child, give the Camp Ruggles nurse permission to give my child the above medication(s) while at Camp Ruggles.

____ ________________

(Parent/Guardian Signature) (Date)

Please list allergies. NONE_____

1.____

2.____

3.____

Name of child:____DOB:________________

FUNDING INFORMATION:

Camp Ruggles, Inc. is a non-profit organization which exists on contributions and funds gained through parent support, private foundations, and agency funds. We are not supported through the state.

The cost of Camp Ruggles is $3,400.00 per camper for the six-week session. Local camperships (Lions Club, Elks Club, Knights of Columbus, church, school) are available, but must be sought by the parent(s)/guardian(s).

Please complete the information below if you are applying for a partial campership.

CAMPERSHIP APPLICATION:

Number of people in household:__________________Yearly income:________________

Please check the appropriate box below regarding your child's eligibility for free / reduced lunch.

Free lunch Reduced lunch Not eligible

Are you receiving any financial aid (e.g., food stamps, AFDC, welfare) at this time?

YES_____NO_____

If yes, please explain:____

____

Amount you are able to pay Camp Ruggles per week:______________________________

Amount of campership you are applying for:____________________________________

____
(parent/guardian signature)

**If your child is accepted to Camp Ruggles, the cost will be determined based on a sliding scale. This information will be provided in the child's acceptance letter.*

PLEASE SUBMIT THIS APPLICATION BY MAY 1, 2017.
SEND TO:
Camp Ruggles, Inc.
Attn: Jim Field
PO Box 353
Chepachet, RI 02814