

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, 2018****

Camp Ruggles will operate Monday-Friday from **June 25 through August 3, 2018**.
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:	<input type="checkbox"/> Bio Parent
Do you have legal Guardianship?		<input type="checkbox"/> Step Parent
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Foster Parent
		<input type="checkbox"/> Other Relative
		<input type="checkbox"/> State Care
Home Telephone Number:	Cell Phone Number:	Work Number:

Name:	Relationship to Child:	<input type="checkbox"/> Bio Parent
Do you have legal Guardianship?		<input type="checkbox"/> Step Parent
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Foster Parent
		<input type="checkbox"/> Other Relative
		<input type="checkbox"/> State Care
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: _____

How Did You Hear About Camp Ruggles:

- School Recommendation Online Search/Website
 Agency Recommendation Other: _____

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Oppositional Defiant Disorder /
Disruptive Behavior Disorder | <input type="checkbox"/> Post-Traumatic Stress Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Disruptive Mood Dysregulation Disorder |
| <input type="checkbox"/> Generalized Anxiety Disorder | <input type="checkbox"/> Reactive Attachment Disorder | <input type="checkbox"/> Intellectual Impairment |
| <input type="checkbox"/> Social Anxiety | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Social Communication Disorder |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Speech / Language Delays |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Tic Disorder / Tourette's | <input type="checkbox"/> 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 | _____ hearing impairment/tubes/hearing aid |
| _____ speech impairment | _____ arthritis |
| _____ tuberculosis/cystic fibrosis | _____ blood disorder |
| _____ eczema/skin disorder | _____ cancer/tumors |
| _____ orthopedic (bone) disorder/
cerebral palsy/brace/extremity weakness | _____ toileting accidents |
| _____ HIV/AIDS | _____ Seizures |
| _____ Heart Disease | _____ 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: _____

2018 FINANCIAL INFORMATION

Weekly Camper Fee	\$600.00 Per Week
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Financial Aid Awards

For the 2018 Season, Financial Aid is available for those who qualify. All Financial Aid materials must be received with this Application by **May 1st, 2018**. Camper Applications with incomplete Financial Aid materials, unanswered questions, and those received after May 1st, 2018, will not be eligible for consideration. Completion of this Financial Aid section does not guarantee that a Financial Award will be granted.

For the 2017 Season, many of Camp Ruggles' boys and girls, ages 6-12, received a Financial Award towards the cost of Camper Fees. Since our inception, we have prided ourselves on our ability to grant write, fundraise, and collect donations so that the cost of summer camp is more manageable for parents, families, and caregivers. In 2017, some Financial Awards reduced Camper Fees by 75% or more, resulting in Camper Fees for some campers of \$200.00 per week or less.

Financial Aid Materials and Questions

(Unless noted, all fields are mandatory and must be completed to be considered for a Financial Award.)

1. What is the annual income from all sources, for the Camper's household? \$ _____
2. Enclose a copy of the 2017 Federal Tax Return for all the Camper's Caregivers. (Optional and recommended);
3. If a 2017 Federal Tax Return is not available, please state why: _____

4. How many people reside in the Camper's house hold? _____
5. Does the Camper receive Free Lunch at School? Y or N
6. Does the Camper receive Reduced Cost Lunch at School? Y or N
7. If the Camper receives Free or Reduced Lunch, please provide a letter from the Camper's school, signed by a school administrator, confirming the Camper's qualification for Free or Reduced Lunch.
8. Does the Camper's household receive food stamps, AFDC, or welfare? Y or N
9. Does the Camper's household receive Home Energy Assistance? Y or N
10. The Financial Aid Committee looks favorably upon financial aid requests which include a detailed Statement of Need describing a Camper's need-based circumstances. Please attach a Statement of Need to this Application.
11. (Optional) In lieu of a written Statement of Need, please check this box if you would prefer a phone interview. In such case, a member of our Financial Aid Committee will call the Primary Caregiver listed on page 1 of this Application to discuss need and document your call.

Name of child: _____ DOB: _____

PLEASE SUBMIT THIS APPLICATION BY MAY 1, 2018.

SEND TO:

Camp Ruggles, Inc.

Attn: Jim Field

PO Box 353

Chepachet, RI 02814