

Agape Ranch 2010
Registration Checklist & Packet

Camper's Name: _____

Parent/Legal Guardian: _____

Address _____

City: _____ State: _____ Zip: _____

Email address: _____

I would like to register my camper for the following week:

June 14, through June 18, 2010 _____

I have enclosed the following items: (Please make sure all forms with signatures are returned.)

_____ Registration Form & Check Payable to Eagle Inc. of Georgia (note camper's name in memo section)

_____ Check # _____ for \$ _____ is enclosed (\$250 per week). If third party payment arrangements have been made, please note by whom with complete provider contact information including name of organization, contact name, address, and phone number as well as when the check will be disbursed.

_____ Camper Profile

_____ Emergency Medical Treatment & Release Form

_____ Medical Information

_____ Field Trip Permission Form

Please return to Eagle Inc. of Georgia
Agape Ranch 2007
Post Office Box 628
Cleveland, GA 30528

If you have any questions, please contact Teresa Leahey at 706-348-6550 or email to Teresa@agaperanch.org.

AGAPE RANCH

HELPFUL HINTS FOR PARENTS PLEASE RETAIN FOR YOUR RECORDS

1. Parents are encouraged to attend a parent orientation the first day of camp which should last about an hour. If parent(s) are unable to attend, a parent representative should be present.
2. If your child is taking medication, please clearly identify the medication, the correct dosage and the time(s) to dispense and meet with the camp nurse the first day to discuss your child's medical condition(s).
3. Please clearly mark all clothing, shoes, lunch packs, and personal items with the child's name. At the end of the week we will have a lost and found box for items that have been misplaced during the week. These will need to be picked up on Friday. If personal items are not labeled, they may not be returned.
4. Children will be provided Agape Ranch T-Shirts. An Agape Ranch T-Shirt should be worn every day to camp.
5. A swimsuit and a towel should be brought each day as well as an extra change of clothing. If your child wears disposable under pants, these must be provided also.
6. Each child needs to bring a fishing pole in the event we go fishing (weather and time allowing).
7. Lunch and snacks will be provided each day. Friday is celebration day and we will have a cookout. All parents are invited to join us for lunch. The awards ceremony will be held just after lunch.
8. Comfortable shoes (probably tennis shoes or walking shoes are best) should be worn each day. A pair of socks should be in camper's bag for use when we go bowling.
9. Children should attend all days of camp as some activities will carry over from day-to-day especially arts and crafts projects *Including Scrapbook. If your camper misses activities, he/she will not have a complete scrapbook.

ATTACH A RECENT PHOTO
HERE

Agape Ranch Camper Profile

Camper's name _____ Age _____ Birth date _____
Height _____ Weight _____ Shoe Size _____ T-Shirt Size _____ (Please note whether
shirt is Youth or Adult size.)

Address _____

Race _____ Sex _____

Please give a brief description of the camper's condition and **DIAGNOSIS**:

Name of Parent/Legal Guardian _____

Address _____

Email Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____

Pager _____ Mobile Phone _____

Name of other Parent/Legal Guardian _____

Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____

Pager _____ Mobile Phone _____

Brothers' or Sisters': (please give names & ages)

In case of Emergencies: (Name, Phone #, & Relationship)

Communication

How does the camper communicate?

- Can talk without difficulty ()
- Can talk with some difficulty ()
- Make sounds that are understandable to parent ()
- Uses sign language ()
- Signboard ()
- Augmentative communication device ()
- Other (please list) ()

- Communicates with facial expressions ()
- Does not communicate ()
- Other

How well does the camper understand what is said to him/her?

- Has no problem with understanding ()
- Requires simple one or two step instructions ()
- Needs gestures to understand language ()
- Doesn't understand language ()
- Uses facial expressions to understand ()
- Other means of understanding

Camper's Preferences

Does the camper have a favorite activity? Please list:

Does the camper swim? _____ Does the camper require a life vest while swimming? _____

Does the camper have favorite foods? Please list:

Does the camper like ice cream? _____ Favorite flavor(s)? _____

Are there certain foods or activities to avoid? Please list:

Does the camper have specific fears the counselor should know about (dogs, loud noises)?
Please list:

Dressing:

Dresses independently ()

Dresses with assistance () Please explain:

Must be dressed ()

Menstruation? Yes () No () N/A ()

Independent ()

Needs assistance ()

Other Needs:

Behavior- Requires supervision for:

Hitting, biting, or fighting ()

Self-abusive behavior ()

Running away ()

Hyper/overactive behaviors ()

Other () Please list:

Toileting:

Independent ()

Needs assistance ()

Wears diapers/Attends ()

Toilets on schedule ()

Schedule:

Feeding:

Eats and drinks ()

Bottle fed ()

Blended or special diet ()

GJ or NG tube feed ()

Feeds self with spoon or fork ()

Must have food cut ()

Needs assistance with utensils ()

Please explain:

Feeding Difficulties:

Tongue thrust ()

Gag reflex when feeding ()

Swallowing difficulties ()

Difficulty chewing ()

Other ()

Please explain:

Emergency Medical Treatment Information and Release

Name _____
SS# _____
Address _____

Date of Birth _____ Age _____

Physician's Name _____
Address _____
Phone Number _____
Preferred Hospital _____
Name of Insurance Company _____
Policy Number _____
Other _____

Medicaid/Medicare Number _____

Person(s) to contact in case of Emergencies:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies:

Other Health Information:

I agree to allow _____, at the expense of the undersigned, to institute emergency medical treatment through the designated physician or other recognized medical resource. When necessary, Agape Ranch staff and personnel may be required to contact medical transportation at the expense of the undersigned.

Signature of Parent/Guardian Date

Agape Ranch 2010

Field Trip Permission Form

Dear Parents:

Your child's class will be going on various field trips to include, but not limited to, Bowling, Swimming, Fishing and Golfing.

PERMISSION STATEMENT:

I give my child _____ permission to go on the above field trips except _____ under the supervision of the staff of Agape Ranch.

I understand that the children will be well supervised and that they will travel in the Agape Ranch van which is covered by Eagle Inc. of Georgia insurance and/or in private automobiles which are covered by private automobile insurance. I hereby release the chaperones/camp staff/volunteers and Eagle Inc. of Georgia of any responsibility for accidents that might occur, except for negligent acts.

Date: _____ Parent/Guardian Signature: _____

Emergency phone numbers to reach parent/guardian during the day. () _____

Child's Insurance Coverage: _____

RELEASE FOR MEDICAL CARE:

I give Agape Ranch/Eagle, Inc. of Georgia's Staff permission for any necessary treatment for my child while on the above field trip.

ALLERGIES: _____

MEDICATIONS CURRENTLY TAKING: _____

OTHER PERTINENT MEDICAL INFORMATION: _____

Date: _____ Parent/Guardian Signature: _____