



A separate form must be filled out for each camper. Form may be photocopied.

Please Print

Camper Name _____ Date of birth _____ Grade next fall _____

Camper is in custodial care of: _____ Both parents _____ Mother only _____ Father only _____ Other: _____

Custodial parent/guardian name _____

Address _____ City, State, Zip _____

Daytime phone _____ E-mail address _____

Second parent/guardian name _____

Address (if different than above) _____ City, State, Zip _____

Daytime phone _____ E-mail address _____

T-shirt size (circle one): Youth: S M L Adult: S M L

Check preferred dates for attending:

- June 5-9 (Africa) July 10-14 (Europe)
- June 12-16 (Antarctica) July 17-21 (North America)
- June 19-23 (Asia) July 24-28 (South America)
- June 26-30 (Australia)

Racial/Ethnicity

The following information is requested only to measure our progress in serving our community. Check as many as apply:

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White Other _____

POLICIES

Registration and Confirmation

- All applications meeting the registration requirements will be accepted on a first-come, first serve basis. If all of the choices are sold out, the confirmation will indicate that we placed you on the waiting list(s).
- Health form deadline is June 1, 2017.
- A confirmation packet will be e-mailed after registration is received and will include the date(s), campF.R.E.S.H.® emergency contact, campus map, logistical information (drop off/pick up), what to bring/not to bring and more.

CAMP FEES

- The camp fee is \$175 per week of camp and is due at time of registration. (Pay in full by May 1, receive \$10/week discount.)
- Please make check payable to Fontbonne University.
- Please mail* completed registration form with payment to:

Fontbonne University
campF.R.E.S.H.
Attn: FCS Department
6800 Wydown Blvd.
St. Louis, MO 63105

*Registration and payment can be mailed or brought to the Fontbonne University department of Family & Consumer Sciences office in Anheuser Busch Hall, Room 126.

CANCELLATION & REFUNDS

Please notify the Department of Family & Consumer Sciences, (314) 889-1415, immediately if you need to cancel or transfer any registration. No refunds will be given after June 1, 2017. Refunds prior to this date will be subject to a \$15 processing fee.

Office Use Only: Date Received _____

Health Forms Received _____ Allergies _____ IEP _____

Confirmation mailed _____

Notes: _____

Payment: Amount per week _____

Discount _____ CSH CK CC

Payments: _____

Paid in Full _____ CK # _____

CLAIMS RELEASE

I, on behalf of myself and my family, recognize and acknowledge the risk existing as participant(s) in a camp F.R.E.S.H.® program or activity. I fully and unconditionally release Fontbonne University, camp F.R.E.S.H.®, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in camp F.R.E.S.H.® or activities.



Parent/guardian signature _____ Date _____

- I have read and agree with the program information and refund procedure in the summer camp brochure and give my child/ward permission to attend and participate in activities on and off property.
- I will not allow my camper to attend if he/she becomes exposed to any contagious disease or if for any reason I do not consider him/her to be in good physical condition.
- I authorize the camp to administer first aid treatment, to secure the services of a physician, and to notify me.



Parent/guardian signature _____ Date _____

Does your camper have an Individual Education Plan (IEP) during the school year? YES NO

If yes, a copy of the IEP must be included with the registration form.

Photo Release

I hereby consent that the photographs, digital images, film, video and/or audio recordings taken of my child, _____, while registered as a camp F.R.E.S.H.® camper, may be used by Fontbonne University and their assignees or successors, in telling the Fontbonne story. This may include use in Fontbonne's web site, publications, events and media. Furthermore, I consent that such photographs, digital images, film, video and/or audio recordings shall be the property of Fontbonne University, which has the right to duplicate, reproduce and make other uses in the best interest of camp F.R.E.S.H.® free and clear of any claim whatsoever on my part.

YES NO



Parent/guardian signature _____ Date _____

Please explain, indicating any information useful to the staff in charge in relation to any health conditions. Indicate any actions to be taken, if needed:

How did you hear about camp F.R.E.S.H.®?

- Word of mouth (from a friend or a relative)
- Fontbonne University website
- Relative is an employee at Fontbonne University
- Summer Opportunity Fair (John Burroughs High School, Lindbergh High School, etc.)
- Flier your child brought home from school
- Word of mouth (from a friend or a relative)
- Blueprint4Summer (website or app)
- Word of mouth (from a friend or a relative)
- Other _____



This form must be completed and signed by parents/guardians of the camper(s). All health history forms will be held in limited access by the camp F.R.E.S.H.® Director or administrative staff to ensure camper confidentiality. The absolute minimal necessary information may be shared with program staff in order to provide adequate health care. The health history form will be retained by the camp F.R.E.S.H.® staff for the duration of camp and destroyed after camp is closed for the year.

Please Print

Camper Name: _____ Grade in Fall Semester: _____

Date of birth: _____ Age: _____

Custodial parent/guardian name: _____

Address: _____ City, State, Zip: _____

E-mail address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

In the event consent is needed for medical care on a non-emergency basis or for other matters and I cannot be reached, the following person is authorized to act on my behalf.

Name: _____ Relationship: _____

Home Phone: (____) _____

Business Phone or Pager: (____) _____

Cell Phone: (____) _____

HEALTH HISTORY

We require the following health information in case of an emergency. If necessary, participants will be taken to the nearest hospital. At no point will the information be used in a discriminatory fashion.

Family medical/hospital insurance carrier:	Policy or Group #:	Phone #:
_____	_____	_____

Name of family physician:	Phone #:	Exchange Phone #:
_____	_____	_____

Name of family dentist:	Phone #:	Exchange Phone #:
_____	_____	_____

(over)

HEALTH HISTORY/RECURRING CONDITIONS (Check each appropriate item, giving appropriate dates and comments)

ALLERGIES

- Foods _____
- Insects _____
- Plants _____
- Drug/Medications _____
- Animals _____
- Hay Fever _____
- Latex _____
- Pollen _____

ADDITIONAL INFORMATION

- Operation/Date _____
 Type _____
- Serious Injury/Date _____
 Type _____
- Other _____

RECURRING CONDITIONS

- Ear Infections
- Heart Disease
- Kidney Ailment
- Seizures
- Bronchitis
- Frequent Colds
- Frequent Sore Throat
- Stomach Upset
- Diabetes
- Hyperactivity (ADHD)
- Epilepsy
- Hearing Impairment
- Vision Impairment
- Orthopedic Impairment
- Learning Disability
- Asthma
- Fainting
- Constipation

DISEASE/DATES

- Chicken Pox _____
- Measles _____
- German Measles _____
- Mumps _____
- Scarlet Fever _____
- Rheumatic Fever _____
- Poliomyelitis _____
- Whooping Cough _____
- Other _____

Date of Last Health Examination: _____

Were any complicating medical problems noted? _____

Is camper now under the care of a physician/psychologist? _____

List physical activity restrictions. _____

Describe any medical/dietary regimen to be continued: _____

IMMUNIZATIONS/DATES

- DPT _____
- Oral Polio _____
- Measles _____
- Td (Adult Tetanus) _____
- Mumps _____
- Rubella _____
- Tuberculin Test _____
 Tetanus
- Hib _____
- Hepatitis B _____
- Other _____

SINCE LAST HEALTH EXAM, HAS THE CAMPER HAD:

A serious illness requiring medical attention? _____

An illness lasting more than 5 days? _____

A surgical operation or fracture? _____

Treatment in a hospital or emergency room? _____

Any restrictions concerning physical activities? _____

Exposure to a contagious disease? _____ Within the past month? _____ What? _____

THIS FORM MUST BE SIGNED

CULTURAL/RELIGIOUS FOOD REQUIREMENTS

Since our camp has a strong emphasis on food, it is helpful for the chef to understand any special requirements your camper has. This does not include likes/dislikes. Alternative foods are provided once campers taste/try the menu items. Please describe your camper's needs:

PARENT/GUARDIAN MUST SIGN THE INFORMATION BELOW

I have read the above procedures for handling my child's health history information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. In case of emergency, I give permission for the First Aider(s) to administer medication, and/or First Aid AND give permission to an attending physician to hospitalize or secure proper treatment/surgery for my child. I give permission to transport my child to the nearest emergency facility for treatment. I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.



Signature of parent/guardian _____

Date _____



campF.R.E.S.H.® has developed an income based guideline in order to determine if your family is eligible to receive financial assistance with weekly camp fees. The camp has adopted the financial guidelines for the National School Lunch program and are following family-size income criteria for determining eligibility:

INCOME ELIGIBILITY GUIDELINES
EFFECTIVE FROM JULY 1, 2016 TO JUNE 30, 2017

Household Size	Reduced Price Meals 185% of federal poverty guidelines					Free Meals 130% of federal poverty guidelines				
	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1.....	21,978	1,832	916	846	423	15,444	1,287	644	594	297
2.....	29,637	2,470	1,235	1,140	570	20,826	1,736	858	801	401
3.....	37,296	3,108	1,554	1,435	718	26,208	2,184	1,092	1,008	504
4.....	44,955	3,747	1,874	1,730	865	31,590	2,633	1,317	1,215	608
5.....	52,559	4,385	2,193	2,024	1,012	36,972	3,081	1,541	1,422	711
6.....	60,273	5,023	2,512	2,319	1,160	42,354	3,530	1,765	1,629	815
7.....	67,951	5,663	2,832	2,614	1,307	47,749	3,980	1,990	1,837	919
8.....	75,647	6,304	3,152	2,910	1,455	53,157	4,430	2,215	2,045	1,023
For each addition family member, add	7,696	642	321	296	148	5,408	451	226	208	104

The information on the application submitted is confidential and will be used only for the purpose of determining eligibility. A complete application is required as a condition of eligibility. A completed application will consist of (1) household income from all sources or food stamp/temporary assistance case number, (2) names of all household members and (3) signature of parent placing application for the camper. By accepting these conditions, you are allowing campF.R.E.S.H.® administration to verify income at any time during the camp season.

Under the provisions of the policy, Camp Director, will review the applications and determine eligibility. If a parent is dissatisfied with the ruling made by the Camp Director, he/she may wish to discuss the decision with the determining official on an informal basis or he/she may make a request either orally or in writing to campF.R.E.S.H.® Director, Fontbonne University, 6800 Wydown Blvd., St. Louis, MO 63105 for a hearing to appeal the decision.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, natural origin, sex, age, or disability.



List of Children in School

Names of all children in school (First, Middle Initial, Last)	Name of School	Grade	Student		Check if a foster child (Legal responsibility of welfare agency/court)	
			Income	How often		
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Total Household Gross Income - Please indicated how much and how often

1.Name (List everyone in the Household Not Listed in Part1) Attach add'l page if needed	2. Gross income and how often it was received								3. Check if NO Income
	Earnings from work before deductions		Welfare, child support alimony		Pensions, retirement, VA, SSI, Soc Security		All other income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

Signature

An adult household member must sign the application. *I certify (promise) that all information on this application is true and that all income is reported. I understand that campF.R.E.S.H.® will be distributing donor funds to help reduce camp fees based on information provided by me in this application I submit. I understand that campF.R.E.S.H.® administration may verify (check) the information. I understand that if I purposely give false information, my camper(s) may immediately lose their slot in which they are enrolled and no refunds will be refunded to those that prepaid for a slot in the weekly camp.*

Signature here: X _____ Printed name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip code: _____