



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 11-15 (Africa)       July 9-13 (Europe)
- June 18-22 (Asia)       July 16-20 (North America)
- June 25-29 (Australia)       July 23-27 (South America)

**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.

**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 \_\_\_\_\_

**CAMP FEES**

- The camp fee is **\$185 per week of camp** and is due at time of registration.
- 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, 2018. 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 campF.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 campF.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 campF.R.E.S.H.®?**

- Word of mouth (from a friend or a relative)
- Fontbonne University website
- Blueprint4Summer (website or app)
- Flier your child brought home from school
- Relative is an employee at Fontbonne University
- 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.

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

<b>Name of family physician:</b>	<b>Phone #:</b>	<b>Exchange Phone #:</b>
_____	_____	_____

<b>Name of family dentist:</b>	<b>Phone #:</b>	<b>Exchange Phone #:</b>
_____	_____	_____

**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: \_\_\_\_\_