

Hope's Haven

2025

1040 Edison Street, York, PA 17403; Phone: 570-850-9443
www.hopeshavencamp.org; info@hopeshavencamp.org

Camper Registration

Hope's Haven is a camp for children who are or have been in foster care. Please only complete this registration if your child is in or was at some point in foster care.

Directions: Please fill out completely in pen or typed. Mail or email your completed registration to the above address. The deadline is one month prior to the respective camp.

General Information

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name/Nickname: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Gender: M / F Birth Date: ____ / ____ / ____ Age: _____ Grade child will be entering in the fall: _____

Will your child be attending camp with a sibling (biological, foster, or adoptive)? Y / N

If yes, Name of Sibling: _____ Do you recommend them being in the same group for activities? Y / N Explanation: _____

Parent / Guardian Information

Please Check One: Child is currently in foster care Child was at some point in foster care

Child is residing with: Foster Family Adoptive Family Biological Family Kinship Group Home

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____ Alternate Number: _____ Email: _____

Alternate Emergency Contact

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____ Alternate Number: _____ Email: _____

Caseworker Information

First Name: _____ Last Name: _____

Phone: _____ Email: _____ Originating County: _____

Agency/Group Home Name: _____

Camp Information

Please select the corresponding camp to which your child will be attending using the grade indicated above.

Camp: August 5-8 (*Summit Grove / Grades 5-8*)

Returning Camper: Y / N T-Shirt Size: _____ Youth Size Adult Size

Transportation: Parent/Guardian Agency Hope's Haven

I understand that my child is required to sleep in the cabin of their biological gender/sex: Y / N

Medications

Does your child take medications: Y / N If yes, please complete the following section. (All medications must be provided in their original containers and must match the first/last name of the child listed on the registration.)

1. Medication Name: _____
 Dosage: _____ Time(s): _____

2. Medication Name: _____
 Dosage: _____ Time(s): _____

3. Medication Name: _____
 Dosage: _____ Time(s): _____

4. Medication Name: _____
 Dosage: _____ Time(s): _____

Medical Provider

Name: _____ Phone: _____
 Policy Number: _____ ID Number: _____

Health/Behavior History

Circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|--|--|
| 1. Ever been hospitalized? <u>Y/N</u> | 16. Have problems with sleep/sleepwalking? <u>Y/N</u> |
| 2. Ever had surgery? <u>Y/N</u> | 17. Have a history of bedwetting? <u>Y/N</u> |
| 3. Have recurrent/chronic illnesses? <u>Y/N</u> | 18. Deal with nightmares/night terrors? <u>Y/N</u> |
| 4. Had a recent infectious disease? <u>Y/N</u> | 19. Passed out/had chest pain during exercise? <u>Y/N</u> |
| 5. Had a recent injury? <u>Y/N</u> | 20. Had asthma/wheezing/trouble breathing? <u>Y/N</u> |
| 6. Had headaches? <u>Y/N</u> | 21. Had mononucleosis during the past year? <u>Y/N</u> |
| 7. Have diabetes? <u>Y/N</u> | 22. Have problems with periods/menstruation? <u>Y/N</u> |
| 8. Had seizures? <u>Y/N</u> | 23. Have problems with diarrhea/constipation? <u>Y/N</u> |
| 9. Had fainting or dizziness? <u>Y/N</u> | 24. Ever struggled with biting? <u>Y/N</u> |
| 10. Wear glasses, contacts, or eyewear? <u>Y/N</u> | 25. Ever struggled with running away? <u>Y/N</u> |
| 11. Have any skin problems? <u>Y/N</u> | 26. Ever struggled with being withdrawn? <u>Y/N</u> |
| 12. Ever had back/joint problems? <u>Y/N</u> | 27. Ever struggled with an eating disorder? <u>Y/N</u> |
| 13. Ever acted out sexually? <u>Y/N</u> | 28. Traveled outside the U.S. in the past year? <u>Y/N</u> |
| 14. Have a learning disability? <u>Y/N</u> | 29. Have any allergies? <u>Y/N</u> |
| 15. Deal with aggressiveness? <u>Y/N</u> | 30. Have any dietary restrictions? <u>Y/N</u> |

Please explain "Yes" answers in the space below, noting the number of the question(s).

Please list any modifications that work well for your child.

Please list any restricted activities.

Please use the space below to provide any additional information about the campers physical, emotional, and mental health or behavior about which the camp should be aware. If nothing is applicable, please write N/A.

Immunization History

Please, fill in the date(s) of each immunization or attach an immunization record.

Immunization	Date(s)
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)	
Tetanus booster (dT) or (TdaP)	
Mumps, measles, rubella (MMR)	
Polio (IPV)	
Haemophilus influenzae type B (HIB)	
Pneumococcal (PCV)	
Hepatitis A	
Hepatitis B	
Varicella (chicken pox)	
Meningococcal meningitis (MCV4)	
Tuberculosis (TB) test	

Parent/Guardian Authorization

Medical Release: I certify that all of the information above is true and complete to the best of my knowledge. I agree to notify Hope’s Haven if any change occurs in medical condition before arriving at camp. The person named above has permission to engage in all activities except as noted above. I hereby give permission to Hope’s Haven to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to Hope’s Haven to arrange necessary related transportation for the person named above. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Hope’s Haven to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release Hope’s Haven and its volunteers/staff from any and all liability for any injury or illness incurred at camp.

Confidentiality Statement: All information regarding the person named above will be held confidential within pertinent volunteers/staff on a need-to-know basis for the purposes of determining admission and providing the best experience possible to the person named above and others in attendance. However, confidentiality may be breached in the event of an emergency or if a safety concern arises that requires attention. Hope’s Haven requires all volunteers/staff to report any concerns of child abuse according to Pennsylvania law.

Parent/Guardian Signature: _____ Date: _____ / _____ / _____