



# Middlesex County Recreation Council, Inc.

## KIDDIE KEEP WELL CAMP

35 Roosevelt Drive, Edison, NJ 08837-2333  
(732) 548-6542 FAX (732) 548-9535  
[www.kiddiekeepwell.org](http://www.kiddiekeepwell.org)  
[info@kiddiekeepwell.org](mailto:info@kiddiekeepwell.org)



Middlesex County Recreation Council, Inc. T/A Kiddie Keep Well Camp  
IRS 501 (c) 3 not-for-profit Corporation and a Licensed New Jersey Charity

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Dear Parent/Guardian,

Thank you for your interest in Kiddie Keep Well Camp's leadership development programs.

We will be offering two different programs depending on the potential camper's age. If your child will be 14 years old this summer he/she should apply for the LIT (Leaders In Training) program. This program will have a focus on leadership styles and how to be a leader in their daily life along with a service learning component. If your child will be 15 years old this summer he/she should apply for the CIT (Counselors In Training) program. This program has a specific focus on how to work with children in the camp setting. Some examples of things the CITs will learn about are child development, risk management and behavior modification.

Both programs have a limited number of spots available. Only complete applications will be considered.

**Applications must be received at camp by April 15.** Once the completed application has been received at camp the applicant will be contacted for a telephone interview. If your child is selected for the program there will be no cost to attend. The dates for the LIT program are the first two session of summer camp. The dates for the CIT program are the last two session of summer camp.

Please complete the attached **Camper Application** and **Summer Food Service Program Eligibility Application**. Your child should complete the 3 questions regarding his/her interest in the program. The 3 reference forms should be given to adults, not related to your child, who can evaluate his/her character, work ethic, etc. Examples of appropriate people are teachers, counselors, coaches, clergy personnel, etc. These forms must be fully completed for consideration into the program. After completion of the above forms, please return them to your school nurse. The school nurse will attach the **child's health records** to the application you have completed and will forward the entire packet to the Camp.

We look forward to a successful summer.

Sincerely,  
Sarah Cruz  
Camp Director

### KIDDIE KEEP WELL CAMP CIT and LIT APPLICATION

Previous Camper  No  Yes  
If so, what year? \_\_\_\_\_

(Must be filled out completely by LEGAL PARENT/GUARDIAN only)

NAME OF CHILD \_\_\_\_\_  
LAST FIRST M.I SEX DATE OF BIRTH

LAST 4 DIGITS OF SOCIAL SECURITY #(of child) \_\_\_\_\_ ETHNICITY \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
#STREET APT # CITY/TOWN ZIP CODE

SCHOOL \_\_\_\_\_  Parochial  Private  Public CURRENT GRADE: \_\_\_\_\_

NAME OF LEGAL PARENT/GUARDIAN \_\_\_\_\_  
RELATIONSHIP TO CHILD:  Parent  Grandparent  Foster Parent  Adoptive Parent  
 Group Living Situation  Other: Please describe relationship to child \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS/CELL PHONE # \_\_\_\_\_

CURRENTLY LIVING WITH CHILD? \_\_ YES \_\_ NO

SECOND PARENT/GUARDIAN \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS/CELL PHONE # \_\_\_\_\_

**Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.**

AUTHORIZED TO PICK UP CHILD? \_\_ YES \_\_ NO CURRENTLY LIVING WITH CHILD? \_\_ YES \_\_ NO

IS THIS CHILD CURRENTLY IN FOSTER CARE? \_\_ YES \_\_ NO

IF YES, NAME OF FOSTER CARE AGENCY \_\_\_\_\_ PHONE # \_\_\_\_\_

**EMERGENCY CONTACTS MUST BE DIFFERENT FROM GUARDIAN AND PARENTS**  
**I authorize the following person(s) or agency to be contacted in the event of an emergency and I cannot be reached. I also authorize the following person(s) or agency to be contacted and authorize my child to be turned over to this person(s) if for any reason my child must leave camp and I am not available. Initial \_\_\_\_\_**

**Must list 2: local and other than Parent(s)/Guardian(s) listed above**

EMERGENCY CONTACT \_\_\_\_\_ RELATION: \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATION: \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**RELEASE OF INFORMATION AUTHORIZATION**  
I, \_\_\_\_\_, hereby give permission to Kiddie Keep Well Camp to secure information concerning my child, \_\_\_\_\_, in order for the Camp to determine eligibility for enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SNP \_\_\_\_\_

NR \_\_\_\_\_

HR \_\_\_\_\_

SSN \_\_\_\_\_

SESSION \_\_\_\_\_

INT \_\_\_\_\_

**HEALTH INFORMATION**

Allergy (Food, Medicine, Environment, etc.)	Reaction (hives, throat swelling, shortness of breath, etc.)

**Diet & Nutrition**

- This camper eats a regular diet       This camper eats a regular vegetarian diet  
 This camper has special food needs (please describe) \_\_\_\_\_

**Does your camper experience?**

- Frequent Sore Throat       Sleepwalking       Bed Wetting

List date and explain any other diseases, disabilities, accidents or operations:

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**MEDICATIONS**

- This camper will not take any daily medications while attending camp  
 This camper will take the following medications while at camp:

Medication Name	Reason for taking it	When it is given	Dose
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time	

**“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. You are required to bring any prescription medication in the original pharmacy containers with labels which show the camper’s name and how the medication should be administered. Provide enough of each medication to last the entire time the camper will be at camp.**

DOCTOR’S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 DENTIST’S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**\*\*\*PLEASE RETURN THE COMPLETED APPLICATION TO YOUR SCHOOL NURSE\*\*\***

The following non-prescription medications may be stocked in the camp Health Center and are used on an *as needed basis* to manage illness and injury. **Cross out those the camper should NOT be given.**

- |   |  |
|---|--|
| Acetaminophen (Tylenol)                                   | Guaiifensin cough syrup (Robitussin)             |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)     |
| Sore throat spray   | Generic cough drops                              |
| Lice shampoo or cream (Nix or Eliminate)                  | Antibiotic cream                                 |
| Calamine lotion   | Aloe   |
| Ibuprofen (Advil, Motrin)                                 | Bismuth subsalicylate (Kaopectate, Pepto-Bismol) |
| Pseudoephedrine decongestant (Sudafed)                    | Hydrocortisone cream                             |

**INSURANCE INFORMATION** (to be used for emergencies, special tests, X-rays, or medical consultations.)

**Please attach a copy of insurance card** \*\*\*\*\*Health Insurance is not a requirement to attend camp

Health Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Does the child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_ Eyeglass insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Eyeglass Insurance Company \_\_\_\_\_

Will your child attend another camp this summer?  Yes  No If yes, which one(s) \_\_\_\_\_

My child may participate in swimming:  Yes  No

Does camper require earplugs for swimming?  Yes  No

Is the child in Special Education?  Yes  No

**If yes, please provide a copy of your child's Individual Education Plan (IEP)**

- Please list the number of children in the classroom: \_\_\_\_\_
- Please list the number of teachers in the classroom: \_\_\_\_\_

Will the child be attending another camp this summer?  Yes  No

If yes, please note where and when to avoid potential conflicts \_\_\_\_\_

Has the camper:

1. Has your child been diagnosed with learning disability?  Yes  No
2. Has your child been diagnosed with Autistic or having Asperger's Syndrome  Yes  No
3. Has your child been diagnosed with ADD/ADHD  Yes  No
4. Has your child ever been diagnosed with a speech or language disability?  Yes  No
5. During the past 12 months, seen a professional to address mental/emotional health concerns?  Yes  No
6. Had a significant life event that continues to affect the camper's life?  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)
7. Do you or the school have concerns about your child's behavior in school?  Yes  No
8. Has your child ever been suspended from school?  Yes  No

**Please explain "Yes" answers in the space below, noting the number of the questions.**

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Please give a brief developmental history of your child. Include anything that you feel may help us understand your child. Our ability to help your child will be heightened if you share with us any such information.

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**LEGAL PARENT/GUARDIAN AUTHORIZATION SECTION: This section must be completed at the time of registration. At the time of registration, the LEGAL Parent or Guardian must accompany the child to camp for authorizing.**

**PERMISSION FOR TREATMENT-DENTAL**

In the event of any accident or emergency, the assigned Dental Staff or Camp Dentist has my permission to follow through on any treatment necessary including extractions as prescribed by the Camp Dentist.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PERMISSION FOR TREATMENT-MEDICAL**

I the undersigned parent/guardian hereby grant permission to the medical staff or consulting physician at Kiddie Keep Well Camp, Inc. to administer medications and provide medical care for the attending camper. I also give consent for any emergency transportation deemed necessary. I understand that all attempts will be made to reach an emergency contact or me before any action is taken. If no contact is available, the decision to treat my child will be made by the camp medical advisor and camp director. I also understand that Kiddie Keep Well Camp, Inc. will treat all information pertaining to my child as confidential, however, I agree that said information may be shared with /released to appropriate personnel and/or third parties for the purpose of treating and/or supervising my child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ASSUMPTION OF RISK**

I understand that part of the camping experience involves activities and group living arrangements and interaction that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PHOTO RELEASE**

I give Kiddie Keep Well Camp session sponsors and selected news media permission to photograph and use pictures or videos of my camper either alone or in a group for newsletters, fundraising activities, camp albums, or for use in public understanding and support of programs for children of Middlesex County. Kiddie Keep Well Camp Inc. respects the privacy of its campers and their families and does not allow unauthorized visitors to photograph the camp or campers.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration of the opportunity afforded my child to participate on a voluntary basis in the Kiddie Keep Well program organized by Kiddie Keep Well Inc. , I hereby waive any right or cause of action arising as a result of my child's participation in said camp program from which any liability may or could occur against Kiddie Keep Well Camp, or its officers, directors, agents, employees and/or volunteers, either collectively or individually.

I fully understand and agree to the terms stated above and agree that all information is complete and correct to the best of my knowledge.

**LEGAL PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*\*PLEASE RETURN THE COMPLETED APPLICATION TO YOUR SCHOOL NURSE\*\*\***