

TOUCHED BY AN ANGEL CAMP REGISTRATION FORM 2010

Please complete this form and mail along with a \$25.00 deposit for each camp you plan to attend. **After being accepted and your camper do not attend, these deposits are non-refundable if Touched By An Angel is not notified 30 days prior to the camp.** Mail to Touched By An Angel Camp, P.O. Box 2611, Tupelo, MS 38803. **A deposit is required for each camp attending.**

Please Type or Print

Camper's Name _____

Male _____ Female _____ Age _____ Birthday _____ (Must be 5 years old)
Weight _____

Address _____

City _____ State _____ Zip _____

Both Parents' Name _____

Home Phone (____)____-_____, Work Phone (____)____-_____.

Emergency Phone (____)____-_____, Cell Phone (____)____-_____.

***Parents Email-**_____

Check session or sessions you would like for your camper.

Winter Camps 2010: ___Jan. 15-17; ___Feb 19-21;

Spring Camps 2010: ___Mar.12-14; ___Mar.26-28; ___April 5-11; ___April 23-25:
___April 30 – May 1; ___May 7-9

Summer Camps 2010: ___June 7-12; ___June 14-19; ___June 21-26; ___July 5-10
___July 12-17; ___July 19-24; ___July 26-31; ___Aug. 13-15

Fall Camps 2010: ___Sept.10-12; ___Sept. 24-26

***DATES ARE SUBJECT TO CHANGE. YOU WILL BE NOTIFIED IF THIS HAPPENS.**

Registration for weekend camps will be on Friday afternoon between 5 p.m. and 6 p.m. Pick up is between 10am and 11am on Sunday. Registration for week camps is Monday from 10am-Noon. Pick up is Saturday at 9am.

Campers should eat a meal before they arrive. The cost for each fall, winter, & spring camp is \$175.00. A \$25.00 deposit is required with each camp the camper is requesting to attend. \$150.00 is required when the camper arrives at camp on Friday. Price for Summer camps is \$500.00 with a \$25.00 deposit.

This Health Form will be accepted for all 2010 camps. You will only be required to complete another one if the camper's medicine or health needs change in any way. It is your responsibility to let us know of any changes.

HEALTH FORM

Type of Handicap or Disability_____

Health Problems_____

Activity Restrictions_____

Approximate Date of Last Tetanus Shot_____

Any Other Helpful
Information_____

Doctor's Name and Phone Number_____

PLEASE READ EACH STATEMENT CAREFULLY AND CHECK YES OR NO, INDICATING A DESCRIPTION OF YOUR CHILD.

Yes No 1. My child has seizures/convulsions. **Comments:**

Yes No 2. My child has allergies. **List allergies and reactions.**

Yes No 3. There are some foods my child will not eat or is allergic to. **If yes, list foods.**

4. My child eats:
 Yes No a) Regular food
 Yes No b) Chopped food
 Yes No c) Pureed food

Yes No 5. My child feeds himself.

Yes No 6. My child must be spoon fed.

Yes No 7. My child must be tube fed.

___Yes ___No 8. My child wets herself/himself during the day. **How do you usually handle the accidents?**

___Yes ___No 9. My child needs help toileting. **Explain:**

___Yes ___No 10. My child has to be cauterized. **If so, does he/she need latex or latex free gloves?** _____

___Yes ___No 11. My child needs help bathing. **Explain:**

___Yes ___No 12. My child has a bedtime ritual. **Explain:**

___Yes ___No 13. My child takes medicine regularly. **List:**

Name of medication

Purpose

Name of medication	Purpose
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any special way in which you give meds that will help us? _____

MOBILITY

___Yes ___No 1. My child needs help with walking. **Explain:**

___Yes ___No 2. My child uses a wheelchair.*

___Yes ___No 3. My child uses crutches.*

___Yes ___No 4. My child uses a walker.*

___Yes ___No 5. My child has contractures (frozen joints)? **Explain:**

___Yes ___No 6. My child uses braces.*

A) Do braces go on in a special way? Yes No If so how?

B) Do they need padding? Yes No

C) Can they get wet? Yes No

D) Does camper sleep in them? Yes No

- **PLEASE BRING THE CHILD'S APPLIANCES (WALKER, CRUTCHES, FEEDING EQUIPMENT, ETC.) TO CAMP.**

What type of behavior management plan best meets the needs of this child? (No forms of corporal punishment are permitted at camp.) Please be specific.

COMMUNICATION

___Yes ___No 1. My child has trouble expressing himself/herself with words. **Explain:**

___Yes ___No 2. My child uses gestures or sign to communicate.

___Yes ___No 3. My child has difficulty hearing. **If yes, does the child read lips or use sign?**

PARENT AUTHORIZATION (Please read, sign, and date) I hereby give permission for the above named camper to participate in all camp activities (except as noted above), and for Touched By An Angel Ministries to authorize any hospital/medical treatment deemed necessary by a qualified physician for my child.

PARENT'S SIGNATURE: _____ **Date** _____

For more information you may call 662-841-5833, fax 662-620-0856, email us at

horse.angels@gmail.com.