



Volunteers of America®
Alaska

CAMP HOPE APPLICATION

Younger Kids Camp

July 9 - July 14, 2017 ages 8-12
To be completed by Parent or Guardian

I wanted to prepare everyone for coming changes to the Camp Hope program. We have expanded the older youth camp to include young adults. There is a separate application for this camp as the focus for this camp will be on the development of Emerging Youth Leaders. There will be a **MANDATORY** pre-camp meeting to discuss the changes and the expectations for these camps and the follow up activities that will occur if you are accepted to either camp.

A letter with the mandatory camp meetings will be sent out with your acceptance to camp. We will have optional dates and families may call into these meetings if travel prevents you from attending in person.

Please feel free to contact me with any questions. Charlie Daniels – cdaniels@voaak.org

Child's name: _____ Age ____ Birth date: _____ Sex: M/F _____

School attended: _____ Grade next Fall _____ **T-SHIRT** Size (specify **Child** or **Adult** with size) _____

HOW TO REACH PARENT(S) OR LEGAL GUARDIAN

Mother/guardian: _____	Father/guardian: _____
Home Address and Zip: _____	Home Address and Zip ____ -- _____
Home Phone: _____ other Phone _____	Home Phone: _____ other Phone _____
E-mail address: _____	E-mail address: _____

Physicians Name: _____	Phone: _____
Medical Insurance: _____	Group #: _____ ID # _____
If current Denali KidKare recipient, please provide there number _____	

Person(s) who can assume responsibility for the child if the parent/guardian cannot be reached immediately in an emergency:		
Name: _____	Relationship to camper _____	Phone: _____
Physical Address: _____		
Name: _____	Relationship to camper _____	Phone: _____
Address: _____		
I give Volunteers of America Alaska permission to release my child to the above named person(s) if I am unable to be contacted.		
Signature of Parent or Legal Guardian: _____		Date _____

Volunteers of America Alaska
Camp Director Contact phone 907-279-9634 fax 907-279-0148
509 W. 3rd Ave Anchorage Alaska 99501



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MEDICATION

Will you be sending any medications with your child to camp? YES NO *If YES, please complete:*

Medication: _____ Dosage (**MUST** match prescribed amt. on container): _____

Medication: _____ Dosage (**MUST** match prescription): _____

Medication: _____ Dosage _____

All medications must be in original container. Meds will be kept and distributed by Camp Director.

ALLERGIES, including foods, drugs, animals, insects _____

(attach separate sheet of medications if necessary) **SEIZURES/seizure disorders?** YES NO

CONSENT FOR MEDICAL OR SURGICAL CARE

This authorizes Volunteers of America Alaska to give permission for appropriate medical or hospital personnel to provide emergency medical or surgical care for

Child's Name

In the event that I cannot be contacted immediately, it is understood that a conscientious effort will be made to locate me or my child's other parent or legal guardian. I will assume the cost of necessary medical or surgical care. I release Volunteers of America and its representative from all liability for injuries and resulting medical needs.

Witness date Signature of Parent/Legal Guardian date

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**I give Volunteers of America Alaska permission to administer ibuprofen to my child**  
**\_\_\_\_\_ (initials)**  
**or**  
**Do NOT administer ibuprofen to my child \_\_\_\_\_ (initials)**

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CAMPER PROFILE FOR (name) _____

We can work most effectively with your child if we know a little more about him or her. Please help us make the most of this summer experience by completing the following questions completely.

Your child's interests, hobbies, favorite things: _____

What does your child do well? _____

What does your child struggle with? _____

How does your child handle discipline? _____

What sort of discipline is most effective for her/him? _____

How does your child get along with others? _____

Does he/she tease others? _____ Get picked on a lot? _____

Show tendencies towards shyness: _____ Is fearful? _____

Most frightened by _____

How does your child handle frustration? _____

What is most calming to your child in these times? _____

Have there been problems at school? (please explain) _____

Does your son/daughter have any learning difficulties/disabilities? _____

What has been most helpful in dealing with these? _____

Does your child tend to blame others for problems or troubles? _____

Stretch or doesn't tell the truth: _____ Destructive tendencies? _____

Is your child: HYPER _____ ACTIVE _____ PLAYFUL _____ SEDENTARY _____ LAZY _____

Any sleeping disturbances? _____ What is most soothing at night for your child? _____

Does she/he have a history of bedwetting? _____ Sleepwalking? _____

Suck his/her thumb: _____ Any special nighttime instructions _____

Was child prenatally exposed to alcohol? _____ Have any Fetal Alcohol Spectrum Disorders (FASDs?) _____

Recent life changes (ie divorce, moves, death, foster care, injury, etc) **MUST be COMPLETED***

