



SAINT NICHOLAS RANCH & RETREAT CENTER

A Ministry of the Greek Orthodox Metropolis of San Francisco

P.O. Box 400 · Dunlap, CA 93621 · Phone (559) 338-2103 · Fax (559) 338-0065
www.stnicholasranch.org · e-mail: info@stnicholasranch.org

Dear Friends,

Thank you for your interest in Saint Nicholas Ranch Summer Camp 2010. The dates for this summer are as follows: Week 1 – July 11-17, Week 2 – July 18-24, Week 3 – July 25-31, Week 4 – August 1-7 (High School Only). Age requirements for weeks 1-3 are 8 years of age (or entering the 3rd grade in September 2010) to 17 years of age (or Spring 2010 high school graduates). *Week 4 is new for 2010 and is for High School Students only, grades 9-12, who have at least completed their 9th grade year.*

Enclosed you will find all the required forms in order to sign up. Use the ***Camper Registration Form*** to register for summer camp. Please include full payment with this form. For registration fees, see the back side of this form. Please note that we have decided to extend the registration deadlines. The new registration deadlines are as follows: ***Early Registration*** must be postmarked by May 1; ***Regular Registration*** must be postmarked by June 1; ***Late Registration*** is anything postmarked after June 1.

The additional forms may be sent later. They include the following: ***1. Camper Health History Form, 2. Camper Health Care Recommendations, 3. Waiver, 4. Travel Information.*** These forms may also be obtained from the Saint Nicholas Ranch office or our web site and must be returned to our office by June 15, 2010. Additional information on the summer camp program will be sent to you after we receive your registration.

We look forward to hearing from you soon and seeing you this summer.

In Christ,

Michael A. Pappas
Director, Saint Nicholas Ranch



SAINT NICHOLAS RANCH SUMMER CAMP

Camper Registration Form 2010

Use this form to register for summer camp. Age requirements for camp are 8 years of age (or entering the 3rd grade in September 2010) to 17 years of age (or Spring 2010 high school graduates). **Week 4 is for High School Students only, grades 9-12, who have at least completed their 9th grade year.** Registration deadlines: **Early Registration** must be postmarked by May 1; **Regular Registration** must be postmarked by June 1; **Late Registration** is anything postmarked after June 1. Additional required forms may be sent later (see below). Please include full payment with this form. For registration fees, see the back side of this form.

Additional required forms include the following: **1. Camper Health History Form, 2. Camper Health Care Recommendations, 3. Waiver, 4. Travel Information.** These forms may be obtained from the Saint Nicholas Ranch office or our web site and must be returned to our office by June 15, 2009. Additional information on the summer camp program will be sent to you after we receive your registration. Please fill out form completely. Be sure to include payment information on back side.

Registration Information for Camper #1

Camper's Name: _____

Birth Date: ____/____/____ Male: ____ Female: ____
Month Day Year

Grade in School as of September 2010 _____

Which session (s) will camper attend?

____ Week 1 (July 11-17) ____ Week 2 (July 18-24) ____ Week 3 (July 25-31)
____ Week 4 (Aug 1-7) High School Only

A camp t-shirt is included in the registration fee. Please indicate t-shirt size:

Child Sizes: Small ____ Medium ____ Large ____ X-Large ____
Adult Sizes: Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____

Registration Information for Camper #2

Camper's Name: _____

Birth Date: ____/____/____ Male: ____ Female: ____
Month Day Year

Grade in School as of September 2010 _____

Which session (s) will camper attend?

____ Week 1 (July 11-17) ____ Week 2 (July 18-24) ____ Week 3 (July 25-31)
____ Week 4 (Aug 1-7) High School Only

A camp t-shirt is included in the registration fee. Please indicate t-shirt size:

Child Sizes: Small ____ Medium ____ Large ____ X-Large ____
Adult Sizes: Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____

Registration Information for Camper #3

Camper's Name: _____

Birth Date: ____/____/____ Male: ____ Female: ____
Month Day Year

Grade in School as of September 2010 _____

Which session (s) will camper attend?

____ Week 1 (July 11-17) ____ Week 2 (July 18-24) ____ Week 3 (July 25-31)
____ Week 4 (Aug 1-7) High School Only

A camp t-shirt is included in the registration fee. Please indicate t-shirt size:

Child Sizes: Small ____ Medium ____ Large ____ X-Large ____
Adult Sizes: Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____

Registration Information for Camper #4

Camper's Name: _____
Birth Date: ____/____/____ Male: ____ Female: ____
Month Day Year
Grade in School as of September 2010 ____
Which session (s) will camper attend?
____ Week 1 (July 11-17) ____ Week 2 (July 18-24) ____ Week 3 (July 25-31)
____ Week 4 (Aug 1-7) High School Only
A camp t-shirt is included in the registration fee. Please indicate t-shirt size:
Child Sizes: Small ____ Medium ____ Large ____ X-Large ____
Adult Sizes: Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____

Family Information

Family Last Name: _____
Father's Name: _____ Father's E-mail: _____
Father's Work # (____) _____ Father's Cell # (____) _____
Mother's Name: _____ Mother's E-mail: _____
Mother's Work # (____) _____ Mother's Cell # (____) _____
Family Address: _____
City: _____ State: _____ Zip: _____
Parish Name: _____ Priest: _____
Other Emergency Contact: _____ Relation to Child: _____
Emergency Phone (____) _____ (Day) (____) _____ (Evening)
Please indicate which Parent should be our primary contact: _____

REGISTRATION FEES

Early Registration (Postmarked by May 1)

\$395
\$370 (2nd child)
\$345 (3rd child)

Regular Registration (Postmarked by June 1)

\$415
\$390 (2nd child)
\$365 (3rd child)

Late Registration (Postmarked after June 1)

\$440
\$415 (2nd child)
\$390 (3rd child)

PAYMENT INFORMATION

Please indicate how you would like to pay:

☐ Check. Please enclose check made payable to: *St. Nicholas Ranch*.

☐ Credit Card. (VISA and MasterCard only)

Type of Card: _____ Card Number: _____
3-digit Security Code: ____ Expiration Date: ____ Amount to charge to card: _____

PLEASE SEND THIS COMPLETED FORM WITH PAYMENT TO:

St. Nicholas Ranch and Retreat Center

P.O. Box 400
Dunlap, CA 93621

Phone (559) 338-2103 · Fax (559) 338-0065
E-mail info@stnicholasranch.org · www.stnicholasranch.org

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last
☐ Male ☐ Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) **Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.**
- 2) **Send the original, signed FORM 1 to camp by the requested date.**
- 3) **Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.**
- 4) **After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.**

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) Email: _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet.
☐ This camper has special food needs. (Please describe below.)

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

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Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
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 B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ ☐ Negative ☐ Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: ☐ This camper will not take any daily medications while attending camp.
☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<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: _____		

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)	Ibuprofen (Advil, Motrin)
Phenylephrine decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)
Antihistamine/allergy medicine	Guaifenesin 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 Elimite)	Antibiotic cream
Calamine lotion	Aloe
Laxatives for constipation (Ex-Lax)	Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last
Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Individual Health Record (For Camp Use Only)

Initial Screening

Date/Time: _____

Initials: _____

- ☐ **Screening** has been conducted according to camp protocol and significant findings noted as follows:
- A. Any signs/symptoms of illness or injury upon arrival?..... ☐ No ☐ Yes as noted below
- B. History of exposure to communicable disease?..... ☐ No ☐ Yes as noted below
- C. Additions or corrections to information on this health history?..... ☐ No ☐ Yes as noted below
- D. Medication given to health-care staff?..... ☐ No ☐ Yes as noted below
- E. Any signs/symptoms of head lice?..... ☐ No ☐ Yes as noted below

Provider notes: (date/time/initial all entries) _____

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue or grey lines across its entire width, typical of notebook paper. The lines are uniform in thickness and spacing, providing a guide for handwriting. There are no margins, text, or other markings on the page.

Exit Note: Check one of the following:

- ☐ Left camp this day with no reported illness or injury symptoms.
- ☐ Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up as noted above: _____

Date/Time: _____ Initials: _____

Developed and reviewed by: *American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses*

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Describe previous reactions:

Rev. 2/07 LEE/EAW

(For Camp Use) Session Code(s)