

SUMMER FARM CAMP



The Lionheart Gardens  
2019 APPLICATION

Please complete and mail to.

Summer Farm Camp, c/o The Lionheart School, 225 Roswell Street, Alpharetta, GA, 30009

*\*Please note that in order to reserve a spot, a completed application and deposit must be submitted.*

*\*\*Spots held on first come/first serve basis.*

*\*\*\*Please note that submission of application does not guarantee acceptance. Interviews are required.*

Sessions (\*Check all that apply).

Session 1.	June 10-14	9-3 from Lionheart	<input type="checkbox"/>	OR 9:30-2:30 at LH Gardens in Canton	<input type="checkbox"/>
Session 2.	June 17-21	9-3 from Lionheart	<input type="checkbox"/>	OR 9:30-2:30 at LH Gardens in Canton	<input type="checkbox"/>
Session 3.	July 8-12	9-3 from Lionheart	<input type="checkbox"/>	OR 9:30-2:30 at LH Gardens in Canton	<input type="checkbox"/>
Session 4.	July 15-19	9-3 from Lionheart	<input type="checkbox"/>	OR 9:30-2:30 at LH Gardens in Canton	<input type="checkbox"/>

Cost (\*A minimum deposit of 50% total fees to be submitted with application).

\$450 per week OR \$500 per week with transportation from Lionheart /\*25% discount available for siblings

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian Information.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ County of Residence: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Information.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Where does your camper reside? \_\_\_\_\_

**EMERGENCY CONTACTS.** In case of an emergency, Camp will try to reach the parent(s). If the parent(s) cannot be reached, Camp will then contact the following person(s):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**AUTHORITY TO PICK UP.** The following persons have authority to pick up the Child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

If the student develops a medical issue, Camp will try to reach the parent(s). If the parent(s) cannot be reached, Camp may contact student's physician.

Name of Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of a medical emergency, Camp shall obtain the necessary emergency medical care for the student, including but not limited to transportation to an emergency room. The parent(s) agrees to pay all costs and expenses incurred in connection with any medical care provided to the student, including the cost of transportation. Camp is authorized to provide the emergency care provider or the physician with the following medical information:

Hospital Preference: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

**MEDICAL PROFILE:**

Describe any special needs that your camper has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information that you feel is pertinent in camp setting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any additional assistance your camper may need in this camp setting. Please give an example such as: 1. Needs help dressing. 2. Is afraid of water. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your camper currently take any medications?                      **Yes**                      **No**

If yes, please provide information below:

<u>Medications/Supplements:</u>	<u>Dosage:</u>	<u>Date Prescribed:</u>	<u>Reason:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your camper have any other medical diagnoses: (e.g. seizure disorders, anxiety disorder, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** List all known medication, food or other allergies (e.g. insect stings, hay fever, asthma, animal dander). Describe reaction and management of reaction. \_\_\_\_\_

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**BEHAVIOR.** To insure the safety of all our participants, we are unable to accept campers who display violent or aggressive behavior, are at risk to other campers or are such an interruption that camp activities cannot continue.

Does your camper follow step-by-step instructions?

 Yes No

Does your camper have difficulty transitioning from one activity to the next?

 Yes No

Does your camper have difficulty handling not getting what they want?

 Yes No

Does your camper have rituals or routines?

 Yes No

If yes, describe what happens if the routines are interrupted. \_\_\_\_\_

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Is your camper impulsive?

 Yes No

When upset, what type(s) of behavior does your camper display? \_\_\_\_\_

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What calms your camper down? \_\_\_\_\_

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**ADDITIONAL INFORMATION:**

Please inform us of any behavior or daily routine change upon arrival at camp.

When eating, does your camper need assistance?  Yes  No

If yes, describe. \_\_\_\_\_

\_\_\_\_\_

List any foods your camper should NOT eat: \_\_\_\_\_

\_\_\_\_\_

Does your camper need assistance changing clothes?  Yes  No

Is your camper able to stay with a group?  Yes  No

Has your camper participated in a camp setting before?  Yes  No

If yes, was it a successful experience for your camper?  Yes  No

If no, describe what difficulties your camper experienced. \_\_\_\_\_

\_\_\_\_\_

Was your camper able to complete the full session?  Yes  No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

Additional information you would like to share about your camper: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SWIMMING ABILITY.**

Can your camper swim without assistance?  Yes  No

Is your camper independent in chest deep water?  Yes  No

Can your camper play safely in the water without assistance?  Yes  No

Describe your camper's swimming ability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HORSEBACK/HIPPOTHERAPY.**

Would your camper like to participate in this activity during their camp session?  Yes  No

Has your camper ever ridden a horse?  Yes  No

If yes, describe your camper's riding ability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your camper ever participated in hippotherapy?  Yes  No

If yes, where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEMS THAT NEED TO COME WITH YOUR CAMPER EACH DAY:**

- Be sure to wear clothes that can get dirty – bring a change of clothes
- Towel
- Sunscreen
- Water Bottle
- Snack & Lunch
- Appropriate shoes for walking around the farm (i.e. sneakers that can get dirty or sandals with a heel-strap)
- Riding helmet (if participating in horseback riding)

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

**•REFUND POLICY:** Any participant may receive a 50% refund of their registration fee if the refund is requested at least TWO WEEKS (10 business days) prior to the first day of a scheduled summer day camp session.

**IRS publication 503 states that entities who are not licensed dependent care facilities by their state or county government are not eligible to provide tax deductible services.**

I/We give The Lionheart School permission to transport my child to and from camp. I understand that the bus leaves Lionheart at 9:00 am and returns at 3 pm.

I/We the parent(s)/guardian(s) of the participant do hereby consent to his/her participation in the Summer Farm Camp Program, including all activities incidental to the Program. I/We assume all responsibilities for, and risks and hazards of, participation in the named Program. In consideration of the Summer Farm Camp Program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind of nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from his/her participation in the Program and all activities incidental to the Program.

I/We understand that my child as a participant of this Program will be photographed with the possibility of using the pictures for publications.

I/We understand that NO REFUNDS will be issued other than stated above.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

# MEDICATION FORM

I hereby authorize The Lionheart School, through its designated authority, to administer the medication described below, to my child, \_\_\_\_\_.

**CHILD'S NAME**

**NOTE: Staff will only administer medication which is in the original labeled container and if it is given by the parent/guardian to the director or assistant director. No other staff members are authorized to give or receive medication.**

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time Medication is to be administered: \_\_\_\_\_

Expected Duration: \_\_\_\_\_

Possible Side Effects (if any): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**Staff Notes:**