



CAMP FOREVER

October 13-15, 2023

Registration is open for all eligible families on September 1, 2023. Completed registration packets can be submitted as follows:

- 1) By mail, along with a check made out to “KBYH” or with credit card information completed below, sent to KBYH, 1321 Stine Rd. Bakersfield, CA. 93309
- 2) By email, by completing this registration packet, including credit card information below, and sending it to marina@kernbridges.com

For your registration to be considered complete, the following must be included in full:

- 1) This completed 4-page registration form and a Child/Youth Questionnaire (below) for each child/youth attendee.
- 2) Full payment of registration fees: \$40 per person (ages 0-2 are free).
- 3) Your family meets the eligibility requirements:
 - * The family has adopted (or completed adoptive placement) through the Kern County foster care system and the adoptee is still a minor
 - * All campers must live in the adoptive home (exceptions will be considered, contact Marina prior to sending in your registration- 661-742-3330)
 - * Participants are able to navigate a campground setting

Payment Information

I am paying by: Check* (check #: _____)

Credit Card (complete below) Amount to be charged: _____

Visa or Mastercard #: _____

3-digit security code (from the back of the card): ___-___ Expiration date: ___/___

Name on card (please print) _____ Signature _____

*If we receive notification from our bank that your personal check is being returned for non-sufficient funds, you will need to re-submit a money order or cashier's check plus a non-refundable \$25 processing fee AND your place in line will be forfeited.

How did you learn about Camp Forever? _____

Camper Information:

Adult camper #1 name: _____ Shirt size: _____

Special issues/Disabilities, if any (dietary, mobility, etc.):

Primary language: _____ Ethnicity: _____

Email: _____

Phone number: _____

Mailing Address: _____

Street

City, State, Zip

Adult camper #2 name (if applicable): _____ Shirt size: _____

Relationship to Adult camper #1: _____

Special issues/Disabilities , if any (dietary, mobility, etc.):

Primary language: _____ Ethnicity: _____

Child/Youth Campers* (0-17 years old):

*A separate Child/Youth Questionnaire must be enclosed for each child/youth listed.

Please be sure to indicate if shirt size is youth or adult size:

Name: _____ Age _____ DOB: _____ M/F ___ Shirt size: ___

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Name: _____ Age _____ DOB: _____ M/F ___ Shirt size: ___

*If more than 6 children, please contact Marina: 661-742-3330

Disclaimers

I/We, the undersigned, understand and agree to the following:

- * Should I/we successfully register for camp, space will be reserved for my/our family. All registered family members will show up to camp on Friday and will be committed to staying at camp for the entire two nights/three days.
- * I/we need to advise Camp Forever/KBYH as soon as possible if for any reason any or all of us cannot attend camp. Families on the waiting list will need to be advised of open slots. Giving as much advance notice as possible is critical.
- * I/we need to advise Camp Forever/KBYH if the number of campers in my/our party changes. Camp Forever/KBYH may not be able to accommodate additional campers in my/our families, other than those originally registered.
- * Camp Forever has simple rules, which are designed to ensure that every camper has a safe and happy experience. Campers who interfere with other camper's peaceful enjoyment of the experience, who fail to adhere to the rules, or who create unsafe situations for children or adults, may be asked to leave camp and may not be invited to future camps.

-Camp Forever rules:

- ~All adults will attend all scheduled workshop sessions.
- ~All children and youth will attend all sessions and activities.
- ~My/our children must be supervised at all times by an adult. Other than when engaged in a specific activity supervised by camp staff, my/our children's conduct and safety are my/our responsibility.
- ~No pets, fireworks, firearms, weapons or alcoholic beverages are allowed.
- ~No smoking except by adults only in the designated areas
- ~Quiet hours are from 10:00PM to 7:00AM
- ~Food and drink (except water) is discouraged in sleeping rooms. If you bring food/drinks, please keep them sealed/bagged and be sure to throw out all trash.
- ~Lights need to be turned off and doors closed when exiting sleeping rooms to conserve energy.
- ~Trash should be picked up so that camp is as clean as or cleaner than when we arrived.
- ~Valuables should be left at home or locked up appropriately. Camp Forever/KBYH/Kern County DHS/Wonder Valley cannot be responsible for lost or stolen items.
- ~Photography/videoing of anyone other than your family is highly discouraged (unless you have asked for consent of the other party(s)).
- ~Any and all medications must be kept secure at all times. Medications must be kept locked in your vehicle or can be kept at the nurse's station upon check-in.

* I/we, the undersigned, agree to abide by all rules/policies established for Camp Forever. Further, I/we understand that failure to comply with rules will jeopardize our ability to remain at Camp Forever and to attend in subsequent years.

Signed: _____

Date: _____

Signed: _____

Date: _____

Camp Forever Child/Youth Questionnaire *(Print and complete one Questionnaire for each child/youth attendee)*

1) Family Name: _____

2) Name of child/youth: _____ DOB: _____

3) Child/youth's primary language: _____ Ethnicity: _____

4) If your child has developmental disabilities and functions at a developmental age that is different from his or her chronological age, please indicate his/her developmental age: _____

5) Attending children must live in your home. It is also helpful for Camp Forever staff to understand the circumstances of how the children have come to reside with you. Please indicate how the child/youth came to live in your home:

Birth _____ Adopted _____ Foster _____ Other: _____

6) Using the following check list, please indicate if any of these behaviors or physical/developmental concerns apply to your child/youth (check all that apply):

- | | | |
|----------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Attention/Hyperactive |
| <input type="checkbox"/> Problems with Peers | <input type="checkbox"/> Mobility issues | <input type="checkbox"/> Vision or Hearing issues |
| <input type="checkbox"/> Medical concerns | <input type="checkbox"/> Lying | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Running away | <input type="checkbox"/> Withdrawal/depression |
| <input type="checkbox"/> Sexual acting out | <input type="checkbox"/> Hitting/kicking/aggression | <input type="checkbox"/> Non-compliant/oppositional |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Substance abuse/smoking | <input type="checkbox"/> Swearing |
| <input type="checkbox"/> Food issues (include special dietary needs below) | | |

If any of the above are checked, please explain further: _____

7) The following is a sample of some of the activities that may be offered. If you feel strongly that your child either can't participate in a certain activity or would need some kind of adaptation to the activity, please describe below.

- | | | | |
|---------------|----------------|-----------------------------|-----------|
| *Camp Fire | *Swimming pool | *High ropes course/zip line | *Go-Karts |
| *Talent night | *Frisbee golf | *Climbing tower | *Archery |

Please explain any concerns: _____

8) Special issues, if any (dietary, mobility, etc.): _____

9) Parents bringing foster children to camp: Please check NOW with their social workers regarding any special permission needed for them to attend this camp. Please advise Camp Forever/KBYH as soon as possible if they will be unable to attend.