



Dear Orange County Caretaker/Social Worker:

Thank you for your interest in referring youth(s) to Camp To Belong Orange County (CTB - OC). The camp week is an amazing opportunity for brothers and sisters who have been separated by foster care or other out-of-home placement to join together to enjoy the many camp activities which include swimming, hiking, ropes course, beach activities, arts and crafts, archery and other fun activities. In addition to these daily activities, we also plan special events such as a theme night, a carnival, and the very special birthday party where siblings swap birthday gifts, eat cake and ice cream and sing songs. Some other camper favorites include making scrapbooks with photos taken at camp and exchanging sibling pillows/quilts that include written sentiments from the brothers and sisters.

All of our programming is focused on the sibling relationship and promotes quality time with siblings. Camp is also a great opportunity for campers to meet others who have experienced similar situations and we have often witnessed mutual support and understanding amongst campers, especially during some challenging times. The Camp week has proven an invaluable and memorable experience for campers and counselors alike.

As we enter our second year of CTB - OC, we bring with us a great deal of excitement and anticipation. Our camp volunteers will be made up of people from all walks of life, some veteran CTB counselors and some newbies, all bringing a passion for the mission of CTB – to Give Siblings Their Right to Reunite! With our combined experience, knowledge and the support of CTB International Headquarters, we are committed to making the process of referring and preparing campers as efficient as possible for the children and for the social workers and care providers who are so generous to take the time to refer youth to camp.

We value feedback from all those who are involved including campers, caseworkers, care providers and counselors.

When referring siblings to Camp To Belong Orange County, we ask that you...

- ▶ Look closely at the Screening Criteria sheet to be sure that each potential camper is appropriate for CTB - OC. Given the physical nature of camp activities and the training limitations of counselors, CTB - OC will only be able to accept campers who are ambulatory. Children who require restraining, have severe anger management difficulties, may cause harm to self, to others or to the environment, or where there is concern of sexual reactivity, will not benefit from the camp experience. Behaviors that disturb or disrupt the focus of camp are not conducive to meet CTB objectives for a lifetime of positive sibling memories for the campers. Questions? Contact Cynthia Roe at 949 683-8632, [cynthiaroe@cox.net](mailto:cynthiaroe@cox.net).
- ▶ Connect with all parties including care providers, agency case managers etc. to be sure that everyone is on board and educated about the Camp experience, Camp dates, Camper/Care Provider Orientations, etc.
- ▶ Have determined who is responsible for payment of camper registration fees. We want to highlight the importance of accurately completing the Billing Information page of this form in full so that payment of camper fees can be processed efficiently. If a camper is in a group home or therapeutic placement, please connect in advance with the group home to clarify who will be responsible for payment.

We hope that you find this process easy and efficient and we welcome any feedback you may have. On behalf of the CTB - OC Planning Committee, I would like to thank you for considering Camp To Belong Orange County as an opportunity for the youth you serve.

Sincerely,  
Cynthia Roe, Director  
Bryan Nash, Director, The Eddie Nash Foundation  
**Camp To Belong Orange County**  
**307 W. Taft Ave., Ste. A**  
**Orange, CA 92865**

## **CAMP TO BELONG ORANGE COUNTY CAMPER CRITERIA**

This following list of criteria should be used as a guide as you think about the children/youth you would like to refer to Camp To Belong Orange County.

When considering a child/youth for camp, he/she must meet the following criteria:

### **Age/Developmental Criteria:**

- Must be 8 years old by July 26<sup>th</sup>, 2010  
(Counselor in Training positions possible for siblings over 18 years)
- Have siblings coming to camp with whom they do not live or with whom they have recently been reunited
- Have the developmental and cognitive abilities to understand the purpose of camp

### **Physical Criteria:**

- Must be ambulatory

### **Children with the following issues do not do well at camp. Please do not refer campers if they are experiencing:**

- Significant attachment issues that result in behavioral or emotional disturbances that would impact self and others' participation in the camp experience as it is meant to be.
- Sleep Disorder – chronic inability to sleep throughout the night, which would require awake overnight supervision.
- Sexual activity/ reactivity – concerns of sexual activity between siblings and/or concerns of sexually aggressive behaviors toward other campers.
- Ability to self-manage is compromised in a large group setting. This could include: the inability to keep self safe (free of self-abusive/self-harming behaviors); physical aggression toward siblings, peers, and adults; physical aggression toward animals; severe anger management difficulties; requires restraint; behaviors that would greatly disrupt the focus of camp.
- Actively homicidal or suicidal.
- Behavioral and/or mental illnesses that require ongoing 1:1 support or supervision.
- Excessive boundary issues with siblings, peers, and adults.

The ratio of campers to counselors is 2:1. Although we provide constant supervision for our campers, we are not able to provide ongoing 1:1 supervision or support to any camper needing constant supervision. For this reason, campers requiring this type of supervision may not be appropriate for this camp setting.

## GUIDELINES FOR COMPLETING THE CAMPER REGISTRATION

<b>SPECIFICS FOR CAMP TO BELONG ORANGE COUNTY 2010:</b>
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Arrival: Monday, July 26, 2010 (1-2 pm after lunch – please make sure your child has eaten)  
Departure: Saturday, July 31, 2010 11am-noon  
Location: Outdoor Education Center, Drop off/Check In I  
2 Irvine Park Road  
Orange, CA

<b>DEADLINES &amp; INSTRUCTIONS FOR COMPLETING FORMS</b>
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Registration forms are due to the Camp to Belong Orange County Coordinator by **July 1, 2010**. There are a limited number of camper slots, so it is important that the packets be complete and submitted on time. Incomplete applications place campers/sibling groups at risk of not being able to attend this year's camp session.

The following two forms are included in this packet.

1. Camper Registration
2. Mandatory Authorization Form for Campers

These forms need to be completed in their entirety. We recommend that both the social worker and care provider work together to complete these forms so that the information provided is as complete and accurate as possible. The goal of CTB - OC and its staff is to provide a quality experience for all campers and the more specific information available, the better the staff will be prepared to provide a successful week to all parties. We thank you in advance for taking the time to complete these forms to send separated siblings to camp.

**Bring or mail completed forms to: Camp To Belong OC  
c/o The Eddie Nash Foundation  
307 W. Taft Ave., Suite A  
Orange, CA 92865**

**Please indicate if there are special comments, questions or special circumstances that camp should know about this camper that are not addressed on this application.**

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<b>Registration forms are NOT to be submitted electronically due to confidentiality. Please carefully review the forms before submitting, ensuring that they are completed thoroughly and all requested attachments are included (Medi-Cal or health insurance card, recent photo, registration fee).</b>
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Name of Camper: \_\_\_\_\_

**Please Attach a Recent Photo**

**GENERAL INFORMATION**

Person completing this registration form: \_\_\_\_\_

Relationship to child (circle one):  birth parent  foster parent  caseworker  care provider

Phone Number: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**CAMPER INFORMATION:**

Camper's name: \_\_\_\_\_

Name that Camper goes by (Will be put on badge – Please print clearly) \_\_\_\_\_

Camper is:  in foster care  adopted  in kinship care  with birth parent(s)  ILP

Birth date: \_\_\_\_\_ Age at camp: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnic background: \_\_\_\_\_

Current address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at current address: \_\_\_\_\_

Phone: Day: (\_\_\_\_\_) \_\_\_\_\_ Night: (\_\_\_\_\_) \_\_\_\_\_ Cell:  
(\_\_\_\_\_) \_\_\_\_\_

Legal Guardian name(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CARE PROVIDER INFORMATION:**

Care provider's name(s): \_\_\_\_\_

Care provider's relationship to camper is:  birth parent  foster parent  other relative  group home

**SSA INFORMATION (IF APPLICABLE):**

Name of camper's SSA Social Worker: \_\_\_\_\_

Social Worker's address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Worker's phone #: Day: (\_\_\_\_\_) \_\_\_\_\_ Social Worker's e-mail address: \_\_\_\_\_

Name of Social Worker's supervisor: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**AGENCY INFORMATION**

Is child affiliated with an agency?  Yes  No If yes, agency name \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

## SIBLING INFORMATION

Please list the names, ages, and gender of this camper's siblings that will be attending camp. Attach an additional page if necessary.

- |                |            |               |
|----------------|------------|---------------|
| 1. Name: _____ | Age: _____ | Gender: _____ |
| 2. Name: _____ | Age: _____ | Gender: _____ |
| 3. Name: _____ | Age: _____ | Gender: _____ |
| 4. Name: _____ | Age: _____ | Gender: _____ |
| 5. Name: _____ | Age: _____ | Gender: _____ |
| 6. Name: _____ | Age: _____ | Gender: _____ |

**LIVING ARRANGEMENTS:** Help us understand the camper's relationship respective to the entire sibling group. For example, are some siblings placed together while others may be in a separate placement? What does the sibling visitation schedule look like? When did the siblings last visit?

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Help us understand how this sibling group will benefit from attending *Camp To Belong Orange County*. How will their relationship be supported following camp?

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Name of Camper: \_\_\_\_\_

**MEDICAL INFORMATION**

PLEASE LIST ALL MEDICATIONS THIS CAMPER WILL BRING TO CAMP. MEDICINES BROUGHT TO CAMP MUST BE IN THEIR ORIGINAL PACKAGING WITH THE DOCTOR'S INSTRUCTIONS.

PLEASE NOTIFY THE CAMP COORDINATOR IF ANY MEDICINE CHANGES BETWEEN THE TIME OF REGISTRATION FORM AND THE ACTUAL CAMP WEEK. HAVE WRITTEN DOCUMENTATION FROM THE DOCTOR WHO PRESCRIBED THE CHANGES. PLEASE INCLUDE THE NAME AND TELEPHONE NUMBER OF THE PERSON WE CAN CONTACT PRIOR TO OR DURING CAMP SO THAT WE MAY FOLLOW UP ON MEDICAL INFORMATION.

NAME: \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

MEDICINE	DOSAGE	TIMES GIVEN	PURPOSE	DIRECTIONS

Date of last tetanus shot: \_\_\_\_\_

Allergies (include medications, foods, etc.): \_\_\_\_\_

Special dietary restrictions/needs; please be specific: \_\_\_\_\_

Hearing impairments (include needs): \_\_\_\_\_

Vision impairments (include needs): \_\_\_\_\_

Sleep walking or other sleep disorders (please elaborate) \_\_\_\_\_

Muscular challenges (include needs): \_\_\_\_\_

Does this camper wet or soil the bed? If yes, please explain. \_\_\_\_\_

List child's fears we should be aware of at camp: \_\_\_\_\_

Does the child require and regular/ongoing medical treatment? \_\_\_\_\_

Describe any physical, mental, emotional or behavioral challenges that would prohibit participation in any camp activity:  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide any other medical information that camp staff should be aware of:**  
\_\_\_\_\_  
\_\_\_\_\_

Name of Camper: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

First contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Second contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Third contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Will this camper's Foster Parent(s), Adoptive Parents, Kinship Providers or Birth Parents (based on current placement of child) be at home and available during camp in the case of a medical/behavioral/psychological emergency?

Yes       No

Will this camper's social worker or care provider be at work and available during camp in the case of an emergency?

Yes       No

If "no" and child is in SSA custody, an SSA duty worker will be contacted. If "no" and child is not in SSA custody, please provide name and phone number of a contact person who is informed about the child's participation in camp and who will be available in the case of an emergency.

**We make every effort to ensure that a child experiences the full week of camp believing that to be in the best interest of the child and the siblings. In the event that a child is no longer able to continue at camp, who will be responsible (24 hours per day) for pickup and transportation from The Outdoor Education Center?**

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_\_) \_\_\_\_\_

**OTHER EMERGENCY CONTACT INFORMATION:**

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance carrier and group/certificate number:

Name \_\_\_\_\_

Number \_\_\_\_\_

**Include a copy of the child's medical card  
or proof of insurance with this registration form.**

Name of Camper: \_\_\_\_\_

**GETTING TO KNOW THE CAMPER**

Please identify & describe any behavioral issues that would be helpful for us to know in caring for this camper.

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Has this child ever required restraining? If yes, please note when the last restraint occurred and describe the situation and possible reasons leading up to the restraint.

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Does this child require 1:1 supervision in order to participate or manage him/herself? Please explain.

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Has your child ever experienced difficulty in large groups? Explain

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Are there any actions/events that trigger explosions from your child? If so, what strategies do you use that are helpful in dealing with such situations?

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Please help us get to know this camper by telling us about their interests/hobbies, likes/dislikes, and any further information you think is important for us to know about this child as an individual and his/her relationship with his/her sibling(s).

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Please describe anything that the camper uses for comfort or security, for example, a favorite article of clothing, a hat, a special toy, a blanket, etc.

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Please describe any religious or daily routines that would be helpful for caregivers to know about and/or help to facilitate.

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Name of Camper: \_\_\_\_\_

**AUTHORIZING SIGNATURES**

Please identify the following signatures required for camper authorization by the agency or otherwise and obtain them in order for the registration to be accepted. Please also note that in some cases, a court order for participation in camp may be required.

\_\_\_\_\_  
Printed name of child's legal guardian

\_\_\_\_\_  
Signature of child's legal guardian

\_\_\_\_\_  
Date

If child is in SSA custody, please complete the following

\_\_\_\_\_  
Printed name of Social Worker

\_\_\_\_\_  
Signature of Social Worker

\_\_\_\_\_  
Date

Thank you so much for taking the time to complete this registration which will give this child the opportunity to have quality time with his or her sibling(s).

Camp To Belong is a non-profit tax-exempt organization and an active equal opportunity organization committed to an active nondiscrimination program.

Name of Camper: \_\_\_\_\_

**BILLING INFORMATION**

**A Deposit of \$50.00 is required for each camper.**

**Although the cost of each camper exceeds \$500.00, Camp To Belong is dedicated to providing camp for qualified minors and will not turn away any camper for inability to pay. Camp Scholarships are available from a variety of sources and we would appreciate caretakers' and social worker's assistance in obtaining information and applying for camp scholarships. We will gladly accept any amount the camper's family can provide and expect that respite fees and reimbursement from group homes will be provided when appropriate.**

Camper's J# (If Applicable) \_\_\_\_\_

Name of agency/party/organization \_\_\_\_\_

Contact person \_\_\_\_\_

Billing address \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

Payments should be made payable and mailed to:  
**Camp To Belong Orange County  
c/o The Eddie Nash Foundation  
307 W. Taft Ave., Suite A  
Orange, CA 92865**

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

## CAMP TO BELONG ORANGE COUNTY MANDATORY AUTHORIZATION FORM FOR CAMPERS

I hereby give permission for \_\_\_\_\_ to attend Camp To Belong Summer Camp (CTB) during the period from July 26 through July 31, 2010. Camp To Belong Orange County will take place at The Outdoor Education Center in Orange, California.

**Please carefully read and initial each of the following statements as appropriate:**

\_\_\_\_\_ I understand this child will join his or her sibling(s) along with other brothers and sisters placed in separate foster homes or other out-of-home care 8 years of age and above for the duration of the program. CTB will be directed by staff, counselors and volunteers who will be working under the direction of CTB – OC at The Outdoor Education Center, Orange, CA.

\_\_\_\_\_ I understand the mission of CTB revolves around the importance of maintaining and preserving the life-long sibling connection.

\_\_\_\_\_ I understand the registration and acceptance of this child at CTB is in conjunction with recommendations from the SSA caseworkers, private agency social workers, foster parents, adoptive parents, kinship providers, biological parents, therapists and/or any other child support team member(s). The child's entire support team understands their role is to prepare this child for camp in a manner that focuses discussion on the opportunity to spend quality time with the child's siblings and others who share the same sibling separation as well as to garner all clothing and supplies requested for attendance.

\_\_\_\_\_ I give permission for this child to participate in all camp activities including, but not limited to, outdoor events such as swimming, hiking, wall-climbing, ropes course/zip line, beach activities, along with arts and crafts, themed events, inspirational forums, sibling enhancement and life empowerment seminars, unless such activities are specifically discussed as inadvisable between the CTB Coordinator and a member of the child's support team in which case this sentence will be crossed out and NOT initialed.

\_\_\_\_\_ I am assured that while at CTB, any activity requiring transportation via a moving vehicle will have a driver (automobile or van) 21 years of age or older and I release that driver from responsibility should there be an accident in which this child is injured, which is not the fault of the driver.

\_\_\_\_\_ I understand that I, or an emergency contact, will be called in the event of any major illness or injury and a report will accompany the child home and/or to a caseworker concerning any major or minor illness, injury or incident of concern. If this child needs immediate attention and there is not time to contact me or the emergency contact, I authorize any staff, counselors, or volunteers of CTB Orange County and/or any medical clinic, hospital or emergency facility to administer all medicines, prescription drugs and other medical remedies required for, or on behalf of, this child while said child is in attendance and participating at any of the functions or facilities of CTB Orange County and The Outdoor Education Center

\_\_\_\_\_ I specifically agree to advise the staff, counselors and volunteers of CTB Orange County and The Outdoor Education Center of all prescribed and required medicines, prescription drugs and other medical needs for this child on a medical form provided by CTB and I give my consent and authority for said staff, counselors and volunteers to administer such medications as prescribed by a physician. I further waive any claim on behalf of myself and this child pursuant to this child.

\_\_\_\_\_ I further warrant that I have the authority to grant this medical authorization on behalf of this child and agree to hold CTB Orange County, the Outdoor Education Center and/or medical clinic, hospital or emergency facility harmless by reason of my executing this medical authorization.

\_\_\_\_\_ I hereby give permission to the medical personnel selected by the CTB Coordinator to call for medical care to transport this child to a medical clinic, hospital or emergency facility and to order x-rays, routine tests and treatment for this child.

**CAMP TO BELONG ORANGE COUNTY MANDATORY AUTHORIZATION FORM FOR CAMPER (cont.)**

Name of Camper: \_\_\_\_\_

\_\_\_\_\_ In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the CTB Coordinator to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for this child. This form may be photocopied for use out of camp at outside locations as mentioned.

\_\_\_\_\_ I understand that I will provide, or make provision for, this child's transportation to the drop-off and pick-up site to attend camp. I will give this information via a form provided by CTB Orange County.

\_\_\_\_\_ I understand CTB Orange assumes no responsibility for this child's personal property.

\_\_\_\_\_ I understand that different venues of videotaping, photographing and audio taping will take place at CTB as part of functions specifically for the campers, internal CTB promotion and external media education. These venues include, but are not limited to, one-time use cameras presented to each child for their own use at camp and thus developed by CTB, Polaroid pictures taken at themed events and presented to each child in a photo frame, and 35mm shots for distribution to campers, counselors and the internal CTB scrapbooks. CTB requires each counselor to submit a confidentiality form that requires understanding that stories and pictures may be confidential. I hereby give CTB full permission to record and use, copyright, reproduce, publish, distribute and exhibit this child's picture, likeness and/or voice by videotape, photograph or audiotape for purposes of recording the activities of CTB to share internally with the campers, staff, counselors, volunteers and other entities interested in CTB and its mission.

\_\_\_\_\_ I understand that any question I have regarding videotape, photography or audiotape in conjunction with CTB will be answered to my satisfaction.

\_\_\_\_\_ I understand that neither I, nor this child, will receive any personal compensation for videotape photography or audiotape, but that this child's participation will serve an important purpose in creating memories and contribute to building awareness of sibling connection in this country and around the world.

\_\_\_\_\_ I will allow videotape, photograph or audiotape for external media education purposes.

\_\_\_\_\_ I understand that I do **NOT** have to permit this child to be videotaped, photographed or audio taped unless I so desire for external use of the organization for media education purposes.

\_\_\_\_\_  
Name of person authorized to complete form (please print)

\_\_\_\_\_  
Signature of person authorized to complete form

\_\_\_\_\_  
Relationship to this child of person authorized to complete form

\_\_\_\_\_  
Phone number of person authorized to complete form

This form should be made available to all members of this child's support team as deemed appropriate by the person completing the form.