



Please indicate intent to attend (may attend all sessions):

- Week 1: Week of June 28th, 2021: M-F 7:30am-5:30pm.** Rural Hall Elementary 275 College St, Rural Hall, NC 27045
- Week 2: Week of July 12th, 2021: M-F 7:30am-5:30pm.** Forbush Middle School, 1431 Falcon Rd, East Bend, NC 27018
- Week 3: Week of July 26th, 2021: M-F 7:30am-5:30pm.** Meadowview Middle School 1282 McKinney Rd, Mt. Airy, NC 27030

In order that Heroes Helping Heroes and its Seeds of Hope programs qualify for a Federal Feeding Grant as well as other funding opportunities, we ask that you provide the following information:

Does your household receive benefits from WIC, SNAP, TANF, FDPIR, or free & reduced lunch?
Yes _____ No _____ If yes, what county are benefits received through _____

Please check any that apply to your child:

In Head Start _____ In foster care _____ Adopted _____ Homeless _____ Migrant _____
 A runaway _____ Has a learning disability _____ Retained in grade at least once _____
 Has an emotional/medical/behavioral disorder _____ Speaks English less than "very well" _____
 Does not live with both parents _____ Either parent immigrated in past 5 years _____
 Family income below \$10,000 _____ Neither parent/guardian employed _____

I certify (promise) that all information on this application is true as reported. I understand that the Seeds of Hope program may qualify for a Federal Feeding Grant or other funding opportunities based on the information I give. I understand that if I purposely give false information, my children may lose their ability to attend camp or associated programs

Printed name: _____ Signature: _____

Demographic Info:

Child Referred by: _____

Participant's Last name: _____ First name: _____

Birthdate: _____ Age as of June 1st, 2021: _____ Last grade completed as of June 2021: _____

Ethnicity: Hispanic/Latino__ Asian__ American Indian or Alaska Native__ African American__

Caucasian__ Native Hawaiian or other Pacific Islander__ Gender: (M/F) ____

T-Shirt Size: (Adult) ____/ (Youth): _____ New/Returning Camper: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____ County: _____

*******Please attach copies of picture ID for all parties responsible for pick up*******

Child Lives With: _____ Relationship to Child: _____

Legal Guardians' Name(s): _____

Legal Guardians' relationship to the child: _____

LG's Daytime Phone: _____ LG's Home: _____ LG's Work Phone _____

Legal Guardians' email address: _____

LG's Cell# : _____ Cell phone carrier (example: Verizon, Sprint, AT&T) _____

PLEASE NOTE: Unless otherwise directed, the LG's CELL is used to check children in/out & provide updates or emergency info. **It is extremely important that this number, your cell plan provider, and email address be current should we need to reach you.**

Permissions/Release Section

Release of Minor Child:

(Participant's Name) _____ may be picked up by the following people from the Seeds of Hope Summer programs:

Name: _____ Cell Phone _____ Name: _____ Cell Phone _____

Name: _____ Cell Phone _____ Name: _____ Cell Phone _____

Name: _____ Cell Phone _____ Name: _____ Cell Phone _____

*****Please attach copies of picture identification for all parties responsible for pick-up of your child*****

(Participant's Name) _____ may **NOT** be picked up by the following people from the Seeds of Hope Summer programs: _____

_____, _____,
_____, _____,

Insurance:

I, the parent/legal guardian of _____ (participant's name), do hereby verify that the above information is correct and do hereby release and forever discharge all staff, chaperones, Stokes County/Yadkin County/Forsyth County Schools and Heroes Helping Heroes and its Seeds of Hope program representatives from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Heroes Helping Heroes and its Seeds of Hope program events, field trips and related events.

Medical Release

In the event of a medical emergency or need, I, the parent/legal guardian of _____ (participant's name), give the acting Heroes Helping Heroes and its Seeds of Hope program representatives permission to act in the best interest of myself or my child to obtain medical treatment. I will be notified of the emergency/need as soon as possible.

Photography:

I do authorize: I do not authorize:
Heroes Helping Heroes and its Seeds of Hope programs to publish photographs/likenesses of _____ (participant's name) for use in the Heroes Helping Heroes and its Seeds of Hope program's print, online and video-based materials, as well as other publications. Further, I attest that I am the parent or legal guardian of the child listed above and that I have full authority to consent and authorize Heroes Helping Heroes and its Seeds of Hope programs to use their likenesses.

Transportation:

(NOTE: this permission does NOT enroll your child in transportation to/from camp. This allows campers ages 8 & above to be transported off campus to the farm or campers in 7th grade or above to participate in off campus Orange group activities):

I do give: I do not give:

Participant Name: _____ Page 3 of 6

Mail to: Jana Elliott PO BOX 152 Pinnacle NC 27043

Fax to 336-994-2116 Please return by May 22nd, 2021

In the event that transportation should need to be provided to/from locations specific to Seeds of Hope activities or drop off locations, permission to Heroes Helping Heroes representatives as well as their authorized transportation providers with a valid NC driver's license to transport _____ (participant's name).

PLEASE NOTE: Transportation to and from the Seeds of Hope summer camps **are not provided except in the case of true and verifiable hardship situations noted below in writing by the child's guardian EACH year.** Written explanations of transportation hardship must be received by Jana Elliott, Executive Director, no later than three weeks prior to the start date of the week(s) you are requesting your child attend camp as transportation provision is an extremely expensive undertaking and cannot be guaranteed without available funding. No consideration will be given requests that are not received in writing with an explanation of the situation. These requests should be noted/referenced on the camper application for EACH child. You will receive written notice of your approval for transportation should your request be granted.

Parent Notes: _____

In the event that transportation to/from Seeds of Hope campuses should be granted based on the verifiable hardship documented above, I _____ (parent/guardian) permission to Heroes Helping Heroes representatives as well as their authorized transportation providers with a valid NC driver's license to transport _____ (participant's name).

Administration of Tylenol or Ibuprofen (circle preference) for minor headaches based on the packaging directions by camper age:

- I do give permission
- I do not give permission and request the following directions be followed: _____

Administration of Sunscreen (any brand):

- I do give: _____ brands be required, parent or guardian must supply): _____
- I do not give permission and request the following directions be followed (if specific _____

Signature of Participants Parent or Legal Guardian: _____

Date: _____

Participant Name: _____ Page 4 of 6

Mail to: Jana Elliott PO BOX 152 Pinnacle NC 27043
Fax to 336-994-2116 Please return by May 22nd, 2021

Medical/Educational/Emotional Information

Participant's Insurance Company _____ Policy No. _____

*****A front and back copy of the participant's insurance card(s) is required*****

Family Physician _____ Phone _____

Hospital Preference: _____

In case of emergency call: _____ Phone: _____

Immunizations

List m/y if possible or state current

_____ Date of Last Tetanus _____ Polio Booster _____ Measles
_____ Mumps _____ Other _____

Medical/Social/Behavioral History

Does/has the participant experienced any of the following medical conditions? (Please check all that apply and attach additional information if needed.)

_____ Asthma _____ Kidney trouble _____ Heart trouble
_____ Diabetes _____ Dizziness _____ Headaches
_____ Allergies _____ Epilepsy _____ Other (specify) _____

Has the participant ever had an allergic reaction to:

Food (specify): _____ Medication (specify): _____

Special Dietary Needs: _____

Please list all current medications: _____

Please list medications that can or need to be administered and for what conditions.

Condition: _____ Dosage _____

Med. Type/Name _____

Educational:

Does the child have an IEP or 504 plan in place? _____ What modifications are provided if yes: _____

Emotional:

Does your child have any mental, behavioral or social needs that we need to be aware of so that we can be sure to make your child's experience as fun and safe as possible: _____

Signature of Participants Parent or Legal Guardian: _____

Date: _____

ACTIVITY SELECTION

The next section should be completed by Parent/Legal Guardian & Participant for campers in grades K-6. Campers in 7th/ 8th grades will be attending off campus activities during these track times & do not need to complete this section.

For campers whose last grade completed was K-6th, please review the camp activities listed below per age group. Please rank the tracks you would prefer to be placed in by your 1st, 2nd, 3rd choices, and so on in each section (Tracks A, B and C take place at different times during the day so please rank each section). We will place you in a track of your choosing, although it may not be your first choice. Tracks are subject to change based on new opportunities that may arise.

<p>(Must rank each track list in order of desired activity based on the age level of your child)</p> <p>Sample Ranking</p> <p><u>Track A (Ages 5-7)</u></p> <p><u>_1_</u> Softball/baseball (all ages) <u>_4_</u> Soccer (all ages) <u>_5_</u> Football (all ages) <u>_3_</u> Cheerleading (all ages) <u>_2_</u> Tumbling (all ages)</p>	<p>(Must rank each track list in order of desired activity based on the age level of your child)</p> <p>Sample Ranking</p> <p><u>Track B (Ages 5-7)</u></p> <p><u>_1_</u> Flag Football (ages 5-7) <u>_2_</u> Kitchen Chaos (ages 5-7) <u>_4_</u> Glitter Girls (ages 5-7) <u>_3_</u> Simply Science (ages 5-7)</p>	<p>(Must rank each track list in order of desired activity based on the age level of your child)</p> <p>Sample Ranking</p> <p><u>Track C (Ages 5-7)</u></p> <p><u>_1_</u> Dance (all ages) <u>_4_</u> Kitchen Chaos 2 (ages 5-7) <u>_3_</u> Glitter Girls* 2 (ages 5-7) <u>_2_</u> Builder Boys** 2 (ages 5-7) <u>_5_</u> Lego Land (ages 5-7)</p>
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5-7 year olds only:**Track A (Ages 5-7)**

- Softball/baseball (all ages)
- Soccer (all ages)
- Builder Boys (ages 5-7)
- Cheerleading (all ages)
- Kickball/Dodgeball (all ages)
- Football (all ages)

Track B (Ages 5-7)

- Fishing (all ages)
- Kitchen Chaos (ages 5-7)
- Glitter Girls (ages 5-7)
- Simply Science (ages 5-7)
- Puzzle Mania (all ages)

Track C (Ages 5-7)

- Tumbling/Dance (all ages)
- Legoland (ages 5-7)
- Fun & Fitness (all ages)
- Art (ages 5-7)
- Kitchen Chaos (all ages)
- Yoga (all ages)
- Fishing (all ages)

8-12 year olds only:**Track A (Ages 8-12)**

- Softball/baseball (all ages)
- Soccer (all ages)
- Football (all ages)
- Cheerleading (all ages)
- Kitchen Chaos (ages 8-12)
- Kickball/Dodgeball (all ages)
- Ultimate Frisbee (ages 8-12)

Track B (Ages 8-12)

- Basketball (ages 8-12)
- Legoland (ages 8-12)
- Builder Boys (ages 8-12)
- Puzzle Mania (all ages)
- Art (ages 8-12)
- Fishing (all ages)

Track C (Ages 8-12)

- Mad Science (ages 8-12)
- Tumbling/Dance (all ages)
- Fun & Fitness (all ages)
- Kitchen Chaos (all ages)
- Glitter Girls (ages 8-12)
- Yoga (all ages)
- Fishing (all ages)

Interest Inventory (TO BE COMPLETED BY EACH PARTICIPANT)

1. After school, I like to _____.
2. On weekends, I like to _____.
3. I like to collect _____.
4. I like to learn about _____.
5. I like to read about _____.
6. I like to write about _____.
7. My favorite book is _____.
8. My favorite toy is _____.
9. My favorite sport is _____.
10. My favorite TV program is _____.
11. My favorite movie is _____.
12. My favorite game is _____.
13. I like to make _____.
14. My pet is a _____. Its name is _____.
15. My favorite person to play with is _____. With this friend I like to _____.
16. With my other friends, I like to _____.
17. My favorite person to visit is _____. With this person, I like to _____.
18. My favorite fun place is _____.
19. When I grow up, I want to be a _____.
20. If I could have three wishes, I would wish for:
 1. _____
 2. _____
 3. _____



To be completed by staff:

Camper Name: _____

Week 1 tracks: A _____ B _____ C _____

Week 2 tracks: A _____ B _____ C _____

Week 3 tracks: A _____ B _____ C _____

Color _____

Tylenol/Ibuprofen _____

Sunscreen _____

Medical _____

Behavioral _____

Educational _____

Allergies _____

Meds at Camp _____

Photography _____ Trans. _____