



SUMMER CAMP APPLICATION

Dear Parents and Guardians,

Summer Camp 2024 is just around the corner, and we are so pleased that you have chosen Circle V Ranch Camp for your child.

Circle V Ranch Camp, owned and operated by the Society of St. Vincent de Paul Council of Los Angeles is a 5 day / 4-night camp that serves children ages 7 through 13 years old. The camp is open to all children regardless of race, religious denomination, or financial status.

Please follow the instructions below to successfully secure your child’s space at camp.

- Please fill out completely and return your Health History Form, Campership Application, and Release Forms.
- With your completed forms listed above please send in a \$75.00 non- refundable application fee payable to the Society of St. Vincent de Paul. This fee will be applied toward the total camp cost of \$650.00.
- Select which session you would like your child to attend.
- Please attach a recent picture of your child with his or her name written on the back.
- Health Examination** Form must be **signed** and **stamped** by a licensed medical professional, or you must provide documentation of your child’s most recent physical examination which took place in the last 18 months. *(If need be, Health Examination form can be submitted on the day of departure).*

PLEASE NOTE:

- NO CAMPER WILL BE ALLOWED TO GET ON THE CAMP BUS OR ARRIVE AT CAMP WITHOUT THE COMPLETED HEALTH EXAM FORM. **NO EXCEPTIONS.**
- AN INCOMPLETE APPLICATION OR NON-PAYMENT WILL DELAY ENROLLMENT TO PROGRAM AND MAY RESULT IN NON- REGISTRATION.

2024 SUMMER CAMP SCHEDULE

Session #	Theme	Session Dates	Paper Application Submission Deadline	Top 2 Preferred Sessions (using 1 or 2)
1	Superhero	Sat. July 6 – Wed. July 10, 2024	Friday, June 28, 2024	
2	Adventure	Sat. July 13 - Wed. July 17, 2024	Friday, July 5, 2024	
3	Carnival	Sat. July 20 - Wed. July 24, 2024	Friday, July 12, 2024	
4	Olympics	Sat. July 27 - Wed. July 31, 2024	Friday, July 19, 2024	
5	Medieval Times	Sat. August 3 - Wed. August 7, 2024	Friday, July 26, 2024	
6	Mad Scientist	Sat. August 10 - Wed. August 14, 2024	Friday, August 2, 2024	

Please submit your application, all required paperwork, and fees as soon as possible to:

Mail to:

Or

Scan & Email to:

Circle V Ranch Camp
 Main Office
 210 North Avenue 21
 Los Angeles, CA 90031

fjacinto@svdpla.org

BUS STOPS

Circle V Ranch Camp offers bus stops in **Los Angeles, Camarillo, and Santa Barbara**. In addition, to our bus stops you also have the option of driving your child up to camp. Your Bus Stop will be assigned to you based on the proximity to your physical address. If you would prefer a bus stop other than the one closest to your physical address, please contact the camp office at (805) 688-2696 to make the necessary arrangements.

FINANCIAL ASSISTANCE OR “CAMPERSHIP”

We here at The Society of St. Vincent de Paul never want money to be an issue when sending your child to camp. That is why we offer “camperships” for families that qualify which allow the family to contribute a “Base Fee” of \$75 per camper (about 16% of the total cost of camp). You may qualify if your income meets our base eligibility on the table below or if your family receives cal-fresh, cal-works, or if your child has a foster case number or a Kin Gap number. Families applying for “camperships” or that qualify for a sliding scale rate less than the full cost of \$650 please completely fill out the following two pages. If you have questions about “Camperships” please feel free to contact us at 805-686-2696 or email fjacinto@svdpla.org.

COST OF CAMP/ SLIDING SCALE

		Household Size								
Amount Due		1	2	3	4	5	6	7	8	9+
		Annual Income Scale								
\$650.00	Full Price	\$39,998 and up	\$55,420 and up	\$69,743 and up	\$84,065 and up	\$98,376 and up	\$112,710 and up	\$127,067 and up	\$141,459 and up	Call our office
\$425.00	Tier 3	\$33,263-\$39,998	\$44,900-\$55,420	\$61,538-\$69,743	\$74,175-\$84,065	\$86,813-\$98,376	\$99,449-\$112,710	\$112,118-\$127,067	\$124,817-\$141,459	Call our office
\$300.00	Tier 2	\$31,428-\$36,263	\$42,380-\$48,900	\$53,332-\$61,538	\$64,285-\$74,175	\$75,237-\$86,813	\$86,189-\$99,449	\$97,169-\$112,118	\$108,175-\$124,817	Call our office
\$175.00	Tier 1	\$24,175-\$31,428	\$32,608-\$42,380	\$41,025-\$53,332	\$49,450-\$64,285	\$57,875-\$75,237	\$66,300-\$86,189	\$74,746-\$97,169	\$83,211-\$108,175	Call our office
\$75.00	Base	less than \$24,175	less than \$32,608	less than \$41,025	less than \$49,450	less than \$57,875	less than \$66,300	less than \$74,746	less than \$83,211	Call our office

THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), WORKFORCE INVESTMENT ACT (WIA), OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY QUALIFY FOR OUR BASE RATE.

A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expense



CIRCLE RANCH CAMP

ESTABLISHED. 1945

CAMPERSHIP APPLICATION

Funds for this Campership have been provided by St. Vincent de Paul

To qualify for a "CAMPERSHIP", all information on this form must be completed in full.

1. CAMPER'S (CHILD'S) INFORMATION

LAST NAME	FIRST	MI
ADDRESS	CITY	ZIP CODE
(_____)	PHONE NUMBER	EMAIL ADDRESS
AREA CODE		

2A. PROVIDE YOUR CASE NUMBER (IF APPLICABLE):

CAL-FRESH NUMBER: _____ CAL-WORKS NUMBER : _____

FOSTER/ KIN - GAP NUMBER: _____

2B. FAMILY ANNUAL INCOME \$ _____ 2C. NUMBER OF PERSONS IN HOUSEHOLD _____

3. AMOUNT PAID BY CAMPER (Registration) _____

4. SEX: BOY _____ GIRL _____ 5. AGE _____ DATE OF BIRTH _____

6. ETHNICITY (PLEASE CIRCLE ONE):

ALASKAN NATIVE/ AMERICAN NATIVE ASIAN BLACK/AFRICAN AMERICAN

LATINO NATIVE HAWAIIAN/ PACIFIC ISLANDER WHITE OTHER _____

7. T-SHIRT SIZE (PLEASE CIRCLE ONE):

YOUTH SM / YOUTH M / YOUTH LRG / SMALL / MEDIUM / LARGE / X-LARGE OTHER: _____

8. SCHOOL CHILD ATTENDS? _____

9. REASON FOR CAMPERSHIP REQUEST? _____

Please enclose the registration fee of \$100.00 with your completed application.

If you qualify for our campership this is the only fee you will need to pay. (To qualify for a campership you must qualify for one item in either 2A or 2B and fill out question 8)

Parent or Guardian Signature _____

Date: _____

CAMPER HEALTH HISTORY FORM 1

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

american **CAMP** association®

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



CIRCLE V RANCH CAMP
ESTABLISHED 1945
Camp Main Office
210 North Avenue 21
Los Angeles Ca. 90031
(323) 686-6735

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: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____

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 is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space.*

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.

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 include date to meet ACA Standard. 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: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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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: _____		
			<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 Elimate) | 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?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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.

SOCIETY OF ST. VINCENT DE PAUL SUMMER CAMPGROUND RULES

I understand and agree that, if circumstances should require my son/daughter to return home from Society of St. Vincent de Paul Summer Camp before its conclusions, I will be responsible for picking up my child immediately. I understand that any of the following circumstances could, in the reasonable discretion of the Society of St. Vincent de Paul Summer Camp director, require my son/daughter to return home.

A. The violation of any of the Society of St. Vincent de Paul ground rules which include:

1. Alcohol or narcotics/drugs (including cigarettes) of any sort are forbidden on Society of St. Vincent de Paul Summer Campgrounds or program sites.
2. Sexual behavior or excessive displays of affections that detract from group participation is neither acceptable nor permitted.
3. Permission is required from the Society of St. Vincent de Paul Summer Camp staff to leave the group or defined boundaries at any time.
4. Inappropriate social behavior is not acceptable because it impacts Society of St. Vincent de Paul Summer Camp's ability to conduct a safe and effective program.

B. The commission of a crime by my son/daughter or the arrest of my son/daughter, or the use of a weapon.

C. Any illness or injury by my son/daughter that would make their continuing on with camp ill advised.

D. Possession of the following items banned by Circle V Summer Camp: All controlled substances, personal sporting equipment, weapons and animals.

E. Circle V Summer Camp reserves the right to perform a search of camper's property in the event of suspected illegal substances or weapons.

F. Circle V Summer Camp is not responsible for any lost or stolen items.

I understand and agree to the above ground rules. Violation of these ground rules may result in the camper being sent home at the parent's expense.

Dear Camper,

Please take minute to read this contract with your parent/ guardian so that you understand the behavior that is expected of you while at Circle V Ranch Camp this summer.

I, _____, agree to the following terms:

(print camper name here)

1. I will be respectful to all adults, campers, and surroundings.
2. I will respect the rights of my fellow campers and not be disruptive.
3. I will avoid conflicts with my peers especially fighting, threats or bullying.
4. I will take responsibility for all my actions.
5. I will participate to the best of my ability in all activities.

I HAVE READ, UNDERSTAND, AND AGREE TO THE CIRCLE V RANCH CAMP BEHAVIOR CONTRACT

Camper Signature _____

Parent/ Guardian Signature _____

MEDICAL AUTHORIZATION

The medical information provided on this registration form is correct to the best of my knowledge and the person named herein has my permission to participate in all prescribed Society of St. Vincent de Paul Summer Camp activities except as noted. In the event that I cannot be reached in an emergency, I hereby authorize the Camp Nurse or any adult Camp Administrator to consent on my behalf to medical or dental treatment or care for my child while at Camp pursuant to section 6910 of the California Family Code. I further authorize Camp Staff to receive custody of my child upon completion of such treatment. I understand that Society of St. Vincent de Paul Summer Camp will rely upon the accuracy of the health history I have provided should my child require medical attention from the Camp Nurse or other provider. I hereby give permission to the camp to administer and prescribe medication and to provide, seek, and consent routine healthcare and emergency treatment. I give permission to Circle V Ranch Camp to perform screening diagnostic and or mitigation for COVID 19 on my child with a COVID 19 test either through nasal swabs or saliva specimens. The expense of these tests may or may not be covered by insurance and therefore I could be responsible for the cost associated with testing.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR-164.150(b) to disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camps activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

I further authorize Camp Staff to receive custody of my child upon completion of such treatment.

I understand that Society of St. Vincent de Paul Summer Camp will rely upon the accuracy of the health history I have provided should my child require medical attention from the Camp Nurse or other provider. I hereby give permission to the camp to administer and prescribe medication and to provide, seek, and consent routine healthcare and emergency treatment.

TRANSPORTATION

I understand and agree that, if any circumstances, including illness, homesickness, and behavior difficulties, should require my child to return home from Society of St. Vincent de Paul Summer Camp before its conclusion, I will be responsible for picking my child up at camp immediately. In addition, if I am unable to pick my child up immediately and Society of St. Vincent de Paul Summer Camp brings my child home, I agree to pay Society of St. Vincent de Paul a \$150 transportation fee.

REFUND POLICY

All deposits are non-refundable and non-transferable. In cases of homesickness, dismissal, voluntary withdrawal or emergency cancellation there is no refund of fees. All cancellations or changes to registration must be submitted in writing. If a camper does not show for a registered session without notice, no refund will be issued.

RESCHEDULING POLICY

All requests for rescheduling preferred session must be made a minimum of two weeks prior to departure date. If you fail to notify the camp administration office later than two weeks before the scheduled departure date an additional \$75.00 registration fee may be required.

RELEASE OF LIABILITY

Although the safety of all campers is the primary concern of Society of St. Vincent de Paul Summer Camp, I understand that any summer camp experience necessarily involves many outdoor activities presenting certain risks of injury. In light of this knowledge, I nevertheless elect to enroll my child for Camp and therefore, on my behalf and on behalf of my child, expressly assume the risk of injury or illness arising from any cause, and further agree to release and waive the right to pursue any claim against Society of St. Vincent de Paul Summer Camp or its affiliated organizations, including sponsors of camperships, or against any of the agents of employees thereof, arising from any cause whatsoever.

Furthermore, I give my permission for my child to participate in all Camp activities including but not limited to hiking, swimming, canoeing, repelling, low ropes courses, climbing wall and archery. I also give my consent to the use of my child's image for promotional purposes, in print, video, and organizational websites. I waive all claims for compensation for such use or for damages. As a parent/legal guardian of the below named camper, who has signed below, I have read the foregoing Release of Liability and understand that it constitutes a binding contract, including the obligation to pay the fees agreed to for the Camp session(s).

Parent/Guardian Signature: _____ **Date:** _____