



**ROYAL FAMILY KIDS CAMP**

Today's Date  /  /

# MENTORING CLUB APPLICATION

Hosted at **Calvary Christian Center**  
1687 W. Granada Blvd. Ormond Beach, FL 32174

**NOTE:** Eligible children who participate in the mentoring program this coming school year will have priority listing for camp this year and next!

Campers who have attended Royal Family KIDS Camp can apply for Royal Family KIDS Mentoring Club and have fun times with their own matched adult mentor (trained and cleared) monthly. The 2025 dates are **February 15, March 15, April 5, and May 17.**

**How to Apply:** To have your child considered for the ROYAL FAMILY KIDS MENTORING, please complete this application including the Medical Release Form and submit it with your Camp Application.

## CHILD'S INFORMATION

Child's Last Name

Child's First Name

Child's Preferred Name

Birthdate  /  /

Sex  M  F

If your child currently has a caseworker, please give name and phone:

Caseworkers Name

Phone

I would like my child to be considered for the Royal Family KIDS Mentoring program this year:  Yes  No

## PARENT/CAREGIVER/LEGAL GUARDIAN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Executed

**FOR MORE INFORMATION CONTACT:** [Church Host/ RFC Staff Info:]

**LIMITED ENROLLMENT AGREEMENT FOR CAREGIVERS:** I understand that the number of children matched and admitted is limited by the number of mentors available, and that age and geography are also limiting factors. As part of the matching process, I give permission for Camp staff to share my child's Camper Application information (including social worker contact information) with Mentoring Club leaders in order to better match my child to a qualified mentor.

# MEDICAL RELEASE FORM

Child's Name

Birthdate

 /  / 

Age

Family Physician or Clinic

Phone

Address

Date of Most Recent Physical Exam

 /  / 

Mark the following allergies with a "Yes" or "No"

- |              |                              |                             |              |                              |                             |                 |                              |                             |
|--------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| • Penicillin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Poison Ivy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Wasps/Hornets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sulfa      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Poison Oak | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Nuts          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • MSG        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Bee Sting  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Other         | <input type="text"/>         |                             |

My child has a history of the following:

- |            |                              |                             |             |                              |                             |               |                              |                             |
|------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| • Fainting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Convulsions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|

My child is receiving medication or has a condition that may affect behavior or increase risks.

  
  

This Medical Release Form is effective on the date of my signature(s) below, and will remain in full force and effect as long as my child participates with Royal Family KIDS Mentoring Club in any manner; it applies to all Mentoring Club activities, including both individual meetings with a Club mentor and group meetings, functions, and events (the "Activities").

I hereby give permission for my child to attend and participate in the Activities. I specifically authorize Royal Family KIDS Mentoring Club to provide for, and arrange in my place, necessary medical care.

I authorize the Royal Family KIDS Mentoring Director or any designated adult, in whose care my child has been entrusted, to arrange for and consent to any x-ray examination, anesthetic, and/or medical, surgical and dental procedure and treatment, and hospital care, to be rendered to my child under the general or special supervision, and on the advice of any physician or dentist duly licensed by an appropriate regulatory agency, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of such physician, dentist or hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical, dental and/or hospital services rendered to my child pursuant to this authorization. Should it be necessary for my child to be transported home or to medical facilities due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This Medical Release Form will be used only as necessary in the circumstances. Every reasonable effort will be made to first notify a care giver listed below prior to the use of this Medical Release Form.

Caregiver's Name (Printed)

Relationship to Child

Date

Signature

Emergency Phone

Caregiver's Name (Printed)

Relationship to Child

Date

Signature

Emergency Phone

# PARENTS & CAREGIVERS COVENANT

Royal Family KIDS Mentoring program believes that parents and caregivers are our most important allies in helping children develop good values and achieve their potential. Please review this Covenant, and sign below to indicate your agreement to work with Mentoring Club Leaders to create the best mentoring environment for your child/ren.

\_\_\_\_\_  
Your Name (Printed) / Relationship to Child/ren / List Child/ren Applying

## My Commitment as Parent and/or Caregiver:

1. I understand that the Royal Family KIDS Mentoring program runs through the school year and provides children four hours of individual mentoring with a cleared Mentor each month, plus once-a-month club events. I will work with the Mentor to ensure that my child/ren is/are available for mentoring appointments and activities, and to communicate with the Mentor about transportation needs, appointment changes, etc. I promise to contact the Mentor or the Mentoring Director as soon as possible if plans must be changed due to illness or emergency.
2. I understand that Club's regular mentoring develops a healthy relationship with a positive role model, and is not a reward for good behavior. I agree not to withhold permission for outings with the Mentor or for club activities as punishment for my child's misbehavior.
3. I understand that Mentors are trained and prepared to spend their appointments with their Royal Family KIDS Mentoring assigned Club Kid only. Mentors are NOT allowed to take other non-Royal Family KIDS program children with him or her on Royal Family KIDS program events or mentoring appointments.
4. I understand that club meetings and mentoring appointments are not permitted over the summer and Royal Family KIDS Mentoring supervision will end on **May 17, 2025**.

## Royal Family KIDS Mentoring Club of Calvary Christian Center's Commitment to Parents and Caregivers:

1. The Mentor(s) matched to your child/ren will be drawn from the Royal Family KIDS Camp network of volunteers and will have completed Royal Family KIDS Camp Counselor training, Mentor training, and full background checks and fingerprinting.
2. The Mentor(s) will stay in touch with you regarding mentoring appointments and club events, and inform you of changes as needed.
3. The Mentoring Director will contact you during the year for feedback about the Club program, our volunteers, or your child's participation. You may also contact the Mentoring Director at any time if you have questions, concerns or need information.

\_\_\_\_\_  
Caregiver or Parent Signature

\_\_\_\_\_  
Date

### THIS SECTION TO BE COMPLETED BY CLUB LEADERS

\_\_\_\_\_  
Mentoring Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date

Please return your signed Covenant to the club or give to the Mentor for the Club leaders to complete and make copies.  
You will receive a photocopy for your records as well

# PICK UP & DROP OFF AUTHORIZATION

**ADULTS** authorized to pick up my child, serve as emergency contact, and/or have child/ren left with him or her, including the primary caregiver.

**PRINT NAMES:**

Primary Caregiver(s)

Emergency Contact Name and Phone

Emergency Contact Name and Phone

Caregiver Signature

Date

**Any Additional Information You Think the Mentors Should Know?**