

June 8-10,
2018



Foot Hill Horizons
Sonora, CA

Where Children Learn to Grieve and Heal

APPLICATION

Please keep this page for your information

Step 1: Information about each child or teen is needed on this application, signed and dated by the parent or legal guardian. A separate application is required for each child. Children/teens ages 6-17 may apply.

Space is limited; please apply early!

Applications, in English or Spanish, can be downloaded at www.hospiceheart.org/camp or picked up at Community Hospice, 4638 Spyres Way, Modesto.

A copy of the completed application can be sent to Community Hospice by:

Mail/Hand Deliver

Community Hospice
Attn: Camp Erin
4368 Spyres Way
Modesto, CA 95356

Phone

Tanya Hoyle (209) 578-6303

Email

tanya.hoyle@hospiceheart.org

Fax

(209) 541-3368

Step 2: An Open House for you and your child/children to attend together is required prior to camp. This will be a time for you to ask questions and learn more about this awesome weekend experience for your child/children. You will have an opportunity to meet our Camp Erin staff and volunteers. After we receive your application, you will be notified of our Open House dates and times.

Step 3: Applications are reviewed in the order received. Once capacity of the camp is reached, applicants will be placed on a wait list (to be called if any camper drops out). ***All pages must be completed for an application to be considered.***

GENERAL INFORMATION

Child's Full Name	Gender	Date of Birth	T-shirt size
			Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

Parent/Guardian First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Best way to reach you: _____

Child's school _____ Current grade in school _____

Is either parent/guardian an active, reserve or national guard military member or military veteran? Yes No

If so, which branch _____

Are there other children in your family applying? Yes No

Name: _____ Age: _____

Please add additional names and ages on the reverse side.

How did you learn about this program? _____

Has child ever:

Attended day camp? Yes No Attended overnight camp? Yes No

Spent the night away from home? Yes No Attended Camp Erin before? Yes No

MEDICAL INFORMATION

(please use reverse side with more information if necessary)

Does your child have any physical and/or developmental issues? Yes No

Is your child on any medication(s)? Yes No

Does your child have any allergies? Yes No

Does your child have any food allergies? Yes No

Are there any dietary restrictions? Yes No

If you answered yes to any of the above, please give detailed information _____

In case of emergency contact:

Name: _____ Phone: _____ Relationship: _____

BEREAVEMENT HISTORY

Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child.

1. Full name of deceased: _____ Relationship to child: _____
2. Birth date of deceased: _____ Date of death: _____
3. Age of deceased at time of death: _____ Age of child at time of death: _____
4. Was the death expected or sudden? _____
5. What was the deceased's cause of death? _____
6. Where did the deceased die? _____
7. Was the child present at the time of death? _____
8. Did the child see the deceased after the death? _____
9. How did your child react to the deceased's death? _____

10. Was the deceased an active, reserve or national guard military member or military veteran? Yes No
If so, what branch _____
11. Was there a funeral or memorial service? _____
If yes, did your child attend and what were your child's comments/reactions to the service?

12. Did the child live with the deceased? _____
13. How would you describe your child's relationship with the deceased? _____
14. How does your family communicate regarding the deceased? _____
15. Does your child speak openly of the person who died? _____
16. Please explain how your child shows that he/she is grieving _____
17. Is this your child's first experience with death? _____
If no, please comment on other deaths your child has experienced _____

REACTION TO THE LOSS

Please place an "X" if your child has shown any of the following **since** the death of the loved one:

- | | | |
|--|---|---|
| _____ Anxiety | _____ Hyperactive/Impulsive | _____ Increase in weight |
| _____ Lack of energy | _____ Behavior problems at school | _____ Decrease in weight |
| _____ Withdrawn/Isolation | _____ Behavior problems at home | _____ Peer difficulties |
| _____ Depression | _____ Running away from home | _____ Drug/Alcohol use |
| _____ Suicidal thoughts/talk | _____ Headaches, stomachaches | _____ Causing harm to others |
| _____ Difficulty with concentration | _____ Insomnia | _____ Lying |
| _____ Causing harm to self | _____ Sleep walking | _____ Stealing |
| _____ Loss of interest in usual activities | _____ Bedwetting | _____ Destruction of property |
| _____ Inappropriate sexual behavior | _____ Nightmares | _____ Anger |
| _____ Special fears | _____ Night sweats | _____ Disbelief |
| _____ Sadness | _____ Belief that death was his/her fault | _____ Always trying to be in control or perfect |
| _____ Worries about his/her safety or the safety of others | _____ Belief that death is a punishment | _____ Changes in how he/she feels about self |
| | _____ Changes in attendance at school | |

OTHER IMPORTANT INFORMATION

1. Did your child receive professional support before or after the deceased's death? Yes No
If so, please place an "X" next to all that apply.
- _____ School counselor _____ Mental health therapist _____ Pastoral support
- _____ Peer support group _____ Psychiatrist Approx. dates started/ended for each _____
- _____ Other _____
2. Have there been any other changes/stresses in your child's life (i.e. illness, relocation, divorce, remarriage, finances, other losses)? Please explain _____
- _____

3. Has your child ever experienced abuse of any kind? _____
If yes, please explain _____
4. Please describe your child's personality/character traits _____

5. Is there anything that we should be aware of to better serve your child in these areas?
(Answering this question is voluntary and will only be used to help your child with the grieving process).
 Language Disability Religious needs Other
Please explain: _____
6. Are there any other special needs, family customs, or cultural aspects to your child's grieving that we should be aware of?

7. Is your child displaying any behaviors/moods that have you concerned? _____
If yes, please explain: _____
8. Is your child experiencing any difficulties sleeping at night? (If yes, please describe how it might affect his/her stay at Camp Erin.) _____
9. Does your child enjoy expressive arts? (acting, music, writing) Yes No
Does your child enjoy physical activities? Yes No
Does your child enjoy arts/crafts? Yes No
Does your child enjoy group activities? Yes No
Describe the Swimming level of your child? None Beginner Intermediate Advanced
10. Please list special interests/hobbies child has: _____

11. Is there anything else we should know to better serve your child: _____

12. Have you and your child talked about the possibility of him/her coming to Camp Erin? _____
13. Do you or your child have any concerns about going to Camp Erin? _____

14. What would you hope that your child would gain from attending Camp Erin? _____

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Relationship to child