

June 11-13, 2021



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](http://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

**Fax**

209.541.3368

**Email**

[tanya.hoyle@hospiceheart.org](mailto:tanya.hoyle@hospiceheart.org)

**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.**

Our agency operates in compliance with Title VI under the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age of Discrimination Act of 1975, and Federal HIPAA Privacy Rules. Our Notice of Privacy Practices describes how we may use or disclose protected health information. You may call our office to request a copy of our Notice of Privacy Practices. Community Hospice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you do not speak English, language assistance services, free of charge are available to you. Call 1-209-578-6300, 1-800-735-2929 (TTY). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-209-578-6300, 1-800-855-3000 (TTY). CA100000783 | CA100000613

## 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? \_\_\_\_\_

Does the camper applicant qualify for or receive free lunch at school?  Yes  No

**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