



## Family Day Camp Application 2018

Please print clearly. You must submit an application for each child who will be attending camp. You may complete the Parent/Guardian section one time if more than one child will attend. Submit all applications together. Please provide as much information as possible for each child.

### Camper/Your Child's Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Time of Camp (February): \_\_\_\_\_ Gender:  M  F

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County of residence:  Lee  Hendry  Glades  Collier  Charlotte  Other \_\_\_\_\_

School child attends: \_\_\_\_\_

Race:  Asian/Pacific Islander  Black or African American  Hispanic or Latino  Native American or Indian  
 White  Multi-Racial/Other

Shirt Size:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL  Adult XXL

Has your child attended Rainbow Trails before?  No  Yes, indicate year \_\_\_\_\_

Will other camper(s) related to your child also attend?  No  Yes, list names \_\_\_\_\_  
\_\_\_\_\_

### Your Child's Mental Health Information

Please provide as much detail as possible on the loss your child has experienced.

Date of Loss: \_\_\_\_\_ Age of child at time of loss: \_\_\_\_\_

Indicate the relationship of the deceased to your child:

Parent  Grandparent  Sibling  Aunt/Uncle  Cousin  Other \_\_\_\_\_

Describe the relationship between your child and the deceased: \_\_\_\_\_  
\_\_\_\_\_

Did the deceased die of natural causes?  No  Yes

Was the deceased receiving care from Hope Hospice?  No  Yes

Was the death a result of violence?  No  Yes

Was your child present at the time of death?  No  Yes

Describe the circumstances surrounding the death: \_\_\_\_\_

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Describe your child's reaction to this loss: \_\_\_\_\_

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Are there any additional issues, especially behavioral, your child may be dealing with that we should be aware of? \_\_\_\_\_

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Has your child been able to talk about the loss?  No  Yes

Is your child currently being seen by a counselor?  No  Yes, Name/Phone \_\_\_\_\_

Additional Comments You Would Like To Share:

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**Your Child's Grief****Camper Name** \_\_\_\_\_

Looking at the common grief statements below, how true are they for your child? "Your child" refers to the camper, and "the loved one" refers to the person who died. All questions are related to the child since the death of the loved one.

Since the death, does your child:

Always

Frequently

Occasionally

Never

<i>Say the loved one died?</i>				
<i>Say how the loved one died?</i>				
<i>Believe the loved one died?</i>				
<i>Forget the loved one died?</i>				
<i>Try to call, look or search for the loved one?</i>				
<i>Participate in activities to remember the loved one?</i> <i>(look at photos, share memories, visit the cemetery, participate with the guidance counselor/family)</i>				

<i>Talk to others about the loved one?</i>				
<i>Show feelings (cry, laugh, cling to others, etc.)?</i>				
<i>Express feelings (sad, scared, worried, etc.)?</i>				
<i>Utilize ways to improve his/her mood?</i>				
<i>Cope appropriately with difficult emotions</i> <i>(anger, anxiety, frustration, sadness, jealousy)?</i>				
<i>Enjoy activities (alone or with others)?</i>				
<i>Have a healthy appetite?</i>				
<i>Sleep well?</i>				

<i>Want to play or engage in activities with others?</i>				
<i>Want to spend time with friends?</i>				
<i>Want to spend time with family members, peers and/or others in his/her surroundings?</i>				
<i>Complete school responsibilities (attend, participate, complete homework, etc.)?</i>				
<i>Keep at least the same grades he/she had before the death?</i>				
<i>Have positive self-esteem?</i>				

Has your child experienced any of these common grief responses? Please check any that may apply:

- \_\_\_ Difficulty sleeping/frequent nightmares
- \_\_\_ Unusually clingy or regressive/immature behavior
- \_\_\_ Difficulties with peers/friends
- \_\_\_ Excessive fears
- \_\_\_ Aggressive with others
- \_\_\_ Change in eating habits

- \_\_\_ Self-blame or guilt
- \_\_\_ Bedwetting or soiling
- \_\_\_ Changes in grades
- \_\_\_ Frequent tantrums
- \_\_\_ Behavior problems in school
- \_\_\_ Hurts self on purpose/talks of wanting to die

## Parent/Guardian Information

**Must be completed by parent/guardian who is attending camp with child(ren).**  
*Contact us immediately if information changes after your application is complete.*

**Attending Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Alt. Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

Please describe parent/guardian relationship with deceased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes, I give permission for Hope to use photos or video recordings of this child and his/her artwork for slideshows, brochures, news releases and promotional use regarding Rainbow Trails Camp and Hope.

Best contact method for Follow-Up/Evaluation  Email  Mail  Phone, best time to call \_\_\_\_\_

How did you hear about Rainbow Trails Camp? \_\_\_\_\_

### Hold Harmless and Release of Information

In consideration of Hope HealthCare Services, permitting the child/children of undersigned the privilege of attending Rainbow Trails Camp Program, We (I) hereby agree to indemnify and hold harmless Hope HealthCare Services and staff against, of and from any and all claims of any kind or nature, including liabilities, cost, expenses and attorney's fees, growing out of or connected with the undersigned's participation in Rainbow Trails. I hereby give permission to share the information in this application with the staff of Rainbow Trails. I have read and consent to this agreement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Camp Rules & Prohibited Items

Parent/Guardian(s), read these rules with each camper and have them sign their agreement below.

- No smoking, drugs or alcohol.
- No weapons of any kind, or items that may be used or mistaken as weapons.
- No cell phones, radios, MP3 players, iPods, tablets, laptops or other electronic equipment.
- No roughhousing or physical force; all campers must keep their hands to themselves and are not allowed to kick, hit, or hurt each other in any way.
- Campers will respect other people's property and venue property.
- No swearing or foul language; no name calling.
- Campers will clean up after themselves and be responsible for their personal belongings.
- No camper may leave their assigned group at any time without permission from their counselor.

I have read the camp rules, understand them, and agree to follow them.

**I understand that if I break these rules, I will be asked to leave.**

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_