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(Office Use Only)

Application TO BE COMPLETED BY PARENT/GUARDIAN and Camper
One application per camper

Applications for Camp Courage are due by May 10th

Completion of this paperwork does not guarantee acceptance. There are a limited number of places available. Preference is given to first time attendees. Applications will be reviewed and you will be contacted by mail as to the status of your submission. If your child is NOT accepted, the \$10 application fee will be returned. Otherwise, the application fee is non-refundable. Camp Courage JR, Kindergarten-2nd grade, (August 3) does not require additional paperwork. Camp Courage, 3rd-12th grade, (May 30-June 2) does require additional paperwork including a current medical physical.

Please return the \$10 application fee (\$10 per child) and completed application as soon as possible. Return to Camp Courage, 1651 Pine St., Abilene, Texas 79601. Applications are reviewed in the order that they are submitted. For questions call 325.670.6951

Name of Child: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City, State) (Zip Code)

Email address: _____ Date of Birth: _____ Age: _____ Sex: Male Female

Grade Next Fall: _____ School: _____

T-Shirt size: Youth Small Youth Med Youth Large Adult Small Adult Medium Adult Large XL XXL

Has this child ever attended Club Courage? Yes No If so, when? _____

Has this child ever attended Camp Courage? Yes No If so, when? _____

Parent/Guardian (whom child lives with): _____ Relationship: _____

Telephone Numbers: Home: () _____ Cell: () _____

Work: () _____ Other: () _____

Are there parents/guardians living at different addresses?

No

Yes, Name: _____ Relationship: _____

Telephone Numbers: Home: () _____ Cell: () _____

Work: () _____ Other: () _____

Other emergency contacts (if parents/guardians cannot be reached):

Name: _____ Phone: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Phone: _____ Relationship: _____

Please list other household members:

Name	Age	Relationship	Name	Age	Relationship

What is the primary language spoken in the home? _____

Has this child ever spent the night away from relatives and/or home? Yes No

Do you or your child have concerns about your child coming to camp? Yes No

If yes, please explain: _____

What would you like your child to gain by attending camp? _____

Has your child said or done anything that has concerned you? Yes No

If so, please explain: _____

Please check and explain any of the following behaviors that you have seen in your child (explain if needed)

- | | |
|---|---|
| <input type="checkbox"/> Anger _____ | <input type="checkbox"/> Depression _____ |
| <input type="checkbox"/> Nightmares _____ | <input type="checkbox"/> Lying _____ |
| <input type="checkbox"/> Stealing _____ | <input type="checkbox"/> Run away from home _____ |
| <input type="checkbox"/> Mentioned suicide _____ | <input type="checkbox"/> Cause harm to others _____ |
| <input type="checkbox"/> Caused harm to self _____ | <input type="checkbox"/> Cause harm to property _____ |
| <input type="checkbox"/> Fears _____ | <input type="checkbox"/> Regression (i.e. bedwetting, baby talk): _____ |
| <input type="checkbox"/> Using drugs or alcohol _____ | <input type="checkbox"/> Promiscuity _____ |
| <input type="checkbox"/> Breaking the law _____ | <input type="checkbox"/> Other: _____ |

Please list any other recent losses, changes, or stressors in your child's life (divorce, illness, move, finances):

Has your child and/or family received counseling in relation to this loss? Yes No

Counselor's Name: _____

Please list any special needs that your child has (ADD, ADHD, non-ambulatory, etc.):

Does your child have any medical or health problems? Yes No

If yes, please explain: _____

Does your child have any conditions, medical issues, etc. that might prevent or limit their activities at camp (games, time outdoors, etc.)? Yes No

If yes, please explain: _____

Is your child currently taking any medications? Yes No

If yes, please list: _____

Any additional comments or things we should know about your child:

PLEASE COMPLETE THE SECTION RELEVANT TO YOUR CHILD'S GRIEF EXPERIENCE(S)

PLEASE COMPLETE IF YOUR CHILD'S LOSS IS DUE TO SEPARATION OR DIVORCE:

Are the child's parents:

Separated, How long? _____ Divorced, How long? _____

How often does the child see the parent(s) not living in the home? _____

What type of relationship does your child have with the parent(s) not living in the home? _____

Do you freely discuss the separation/divorce? Yes No

If not, please explain: _____

PLEASE COMPLETE IF YOUR CHILD'S LOSS IS DUE TO DEATH:

Name of person who died: _____ Relationship to child: _____

Date of death: _____ Nature of the death: Illness _____

Accident _____ Other _____

How did you explain this death to your child? _____

Did your child attend the funeral service? Yes No

If not, please explain: _____

Do you freely discuss the deceased? Yes No

If not, why not? _____

Do you discuss the loss/death now? Yes No

If not, why not? _____

PLEASE COMPLETE IF YOUR CHILD’S LOSS IS DUE TO INCARCERATION:

Name of person is incarcerated: _____ Relationship to child: _____

Date of incarceration: _____ Expected time of release: _____

How did you explain this to your child? _____

PLEASE COMPLETE IF YOUR CHILD’S LOSS IS DUE TO DEPLOYMENT:

Name of person deployed: _____ Relationship to child: _____

Date of deployment: _____ Expected return: _____

Has person been deployed before, if so when and how long? _____

How did you explain this to your child? _____

How did you hear about Camp Courage? School counselor Friend Newspaper Past Participant Church

Other _____

HAVE THE CHILD COMPLETE THIS SECTION:

Write why you want to attend Camp Courage: _____

SIGNATURE of PARENT/GUARDIAN _____ Date _____