



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"/> Regression (i.e. bedwetting, baby talk) _____ |
| <input type="checkbox"/> Fears _____               | <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 (swimming, hiking, 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 EXPLAIN YOUR CHILD’S LOSS, COMPLETE EACH SECTION THAT APPLIES**

*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 \_\_\_\_\_

SIGNATURE of PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

I’ve enclosed a \$10.00 application fee in the form of: \_\_\_\_\_ cash \_\_\_\_\_ check

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 (You will receive a letter in the mail before April 25, 2011 to let you know if camper has been accepted). If your child is NOT accepted, the \$10 application fee will be returned. If your child IS accepted, please note the following would be required:

- Additional paperwork will be sent to you after the deadline application date.
- A health exam by a licensed physician at the family's cost.
- Attending an Orientation and Informational meeting before camp. You can choose from one the these dates: Thurs, May 12 7:00 pm to 8:00 pm OR Tues, May 17 7:00 pm to 8:00 pm.

Please return the \$10 application fee (\$10 per child) and completed application as soon as possible. Applications are reviewed in the order that they are submitted.

Applications may be returned to:

Hendrick Hospice Care  
Attention: Camp Courage Coordinator  
1682 Hickory  
Abilene, TX 79601