



Rec'd

(Office Use Only)

APPLICATION

TO BE COMPLETED BY PARENT/GUARDIAN
(One per Camper)

Application deadline: Friday, April 16, 2010

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

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

Date of Birth: _____ Age: _____ Sex: Male Female Grade Next Fall: _____

Type of loss: Death Divorce Separation School: _____

PLEASE CIRCLE ONE:

T-Shirt size: Child Med (10 - 12) Child Large (14 - 16) Adult Small Adult Medium Adult Large XL XXL XXXL

Has this child ever attended Club Courage (formerly Rainbows)? 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 () _____ Ext: _____

Are there parents/guardians living at different addresses?

No
 Yes, Name: _____ Relationship: _____

Telephone Numbers: Home () _____ Mobile () _____

Work () _____ Pager () _____

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

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Please list other household members:

Name: _____ Age: _____ Relationship to child: _____

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? _____

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

(Please give as much detail as possible.)

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:
(Please give as much detail as possible.)

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 THE FOLLOWING FOR ALL TYPES OF LOSS:
(Please give as much detail as possible.)

Has your child said or done anything that has concerned you? Yes No
If so, please explain: _____

Please describe how your child indicates that he/she is still grieving: _____

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

- | | |
|--|--|
| <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

If so, when? _____

Counselor's Name: _____ Telephone: _____

May we contact this counselor with regard to your child? Yes No

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:

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

REMINDER:

Completion of this paperwork does not guarantee acceptance*. Applications will be reviewed and you will be contacted by mail as to the status of your submission. If your child is NOT accepted, your \$10 application fee will be returned. If your child IS accepted, please note the following would be required:

- **Additional paperwork that will be sent to you after the deadline application date.**
- **A health exam by a licensed physician at the families cost.**
- **Attending an Orientation/Information meeting before camp.**

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**

- * There are a limited number of places available. Preference is given to:
- a) first-timers
 - b) ages of kids where we have the most facilitators