



2015 CAMP ERIN® LINCOLN Camper Application



CAMPER INFORMATION

**FILL OUT A SEPARATE APPLICATION FOR EACH CAMPER
PLEASE PRINT OR WRITE LEGIBLY**

_____ New Camper _____ Returning Camper

Camper's name: _____

Camper prefers to be called: _____

What gender does your child most closely identify with? _____

Age: _____ Date of birth (MM/DD/YYYY): _____ Grade this Fall: _____

Race/Ethnicity (We only use this information to gather demographic statistics and for grant applications. Check all that apply.):

- African-American Native American Asian Caucasian Native Hawaiian/Other Pacific Islander
 Hispanic/Latino Multi-Racial Other: _____

School name: _____

Siblings (list names/ages): _____

PARENT/GUARDIAN: _____ Relationship to camper: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

EMERGENCY CONTACTS: Please list two people other than you to contact in case of emergency at camp:

Emergency contact #1 name: _____ Relationship to camper: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency contact #2 name: _____ Relationship to camper: _____

Home Phone: (____) _____ Cell Phone: (____) _____

How did you hear about Camp Erin (check all that apply)?

- School Web Advertisement New York Life Agent Hospice
 Mourning Hope Past Camp Erin Participant
 Other (please specify): _____

BEREAVEMENT HISTORY (ON THIS PAGE, PLEASE IDENTIFY THE MOST SIGNIFICANT DEATH IN THE CHILD'S LIFE – A FOLLOW-UP PAGE IS PROVIDED FOR ANY ADDITIONAL DEATHS)

Name of person who died: _____

Relationship to child: _____

Date of death: _____ Age of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? Yes No

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

Did the child attend the funeral/memorial service? Yes No

If yes, what were your child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? Yes No

What has the child been told about the cause of the death? _____

Did the child receive counseling before or after the death? Yes No

If yes, please specify services received and length of service:

Did the child receive grief support services before or after the death? Yes No

If yes, please specify services received and length of service:

Was the deceased an active, reserve or National Guard military member or military veteran? Yes No

If so, what branch? _____

Is either guardian an active, reserve or national guard military member or military veteran? Yes No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

Describe how the child indicates that he/she is grieving: _____

BEREAVEMENT HISTORY (COMPLETE THIS PAGE IF THE CHILD HAS EXPERIENCED A DEATH IN THEIR LIFE OTHER THAN THE PERSON IDENTIFIED ON THE PREVIOUS PAGE – IF NOT APPLICABLE, JUST SKIP THIS INFORMATION)

Name of person who died: _____

Relationship to child: _____

Date of death: _____ Age of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? Yes No

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

Did the child attend the funeral/memorial service? Yes No

If yes, what were your child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? Yes No

What has the child been told about the cause of the death? _____

Did the child receive counseling before or after the death? Yes No

If yes, please specify services received and length of service: _____

Did the child receive grief support services before or after the death? Yes No

If yes, please specify services received and length of service: _____

Was the deceased an active, reserve or National Guard military member or military veteran? Yes No

If so, what branch? _____

Is either guardian an active, reserve or national guard military member or military veteran? Yes No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

Describe how the child indicates that he/she is grieving: _____

Has the child exhibited any of the following behaviors in the last two months? (Check all that apply.)

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Special fears | <input type="checkbox"/> Lying | <input type="checkbox"/> Stealing | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Regression | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Harmed others | <input type="checkbox"/> Behavior problems (home) | <input type="checkbox"/> Behavior problems (school) | |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Inappropriate sexual behavior | | | |

Has the child experienced any other deaths? Yes No

If yes, please specify the deaths and describe the impact on the child:

Describe any other changes/stresses in the child's life (e.g., divorce, illness, moving):

Has the child's behavior, things they have said or done concerned you lately? Yes No

If yes, please specify:

CAMP INFORMATION (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Have you and the child talked about him/her coming to Camp Erin? Yes No

What, if any, concerns do you have about the child coming to camp?

What, if any, concerns does the child express? _____

***Does your child have a current IEP/504 at school:** Yes No

If "Yes," what are the areas of concern it addresses: _____

What strategies have you found to helpful when your child has overwhelming emotions? _____

Does your child take medication due to specific behaviors? Yes No

If "Yes," what behaviors/medications: _____

Has the child ever:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Spent a night away from home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended day camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended overnight camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List any special interests or hobbies the child has: _____

Is there anything we should know about the child's religious beliefs or faith practice?

Is there anything else we should know to better serve the child?

T-shirt size (check one): Child S Child M Child L
 Adult S Adult M Adult L Adult XL Adult 2X Adult 3X

Yearly family income: (We only use this information to gather demographic statistics and for grant applications.)

- Less than \$10,000
- \$10,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$99,999
- more than \$100,000

NAME (Printed): _____

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO CAMPER : _____

PLEASE RETURN TO:

Mourning Hope Grief Center
Attn: Pam Dinneen, Camp Erin Program Director
4919 Baldwin Avenue
Lincoln, NE 68504
pdinneen@mourninghope.org
(402) 488-8989