



Dear Prospective Camper and Family,

Thank you for your interest in Camp Erin® Houston! Enclosed you will find a registration packet that includes an application, including bereavement history and general interest sheets.

Camp Erin will be held July 15-17, 2016 at a campground in Hitchcock, Texas. Please note that parents/guardians will be responsible to make their own arrangements for transportation of their camper to and from the camp site.

While at camp, your child will stay with trained volunteers and other campers who are close in age and of the same gender. Bereavement Counselors, as well as specially trained volunteers, will lead the grief activities and supervise recreation. Two registered nurses will be available on site at all times.

Acceptance to the camp will be based on several criteria. Because we want to ensure the best possible experience for every Camp Erin participant, each registration will be reviewed in detail and will include an interview before the application process is complete. Bereavement Coordinators will screen campers' applications to determine their appropriateness for this specialized camp prior to final registration. Applications will be accepted on a rolling basis; however, **space is limited, and applications will be accepted on a first come, first served basis.** We expect to be able to notify all applicants by late June.

If you would like learn more about Camp Erin, you can visit The Moyer Foundation Website at www.moyerfoundation.org and view the Camp Erin video, segments from The Today Show or ESPN E:60.

If your child is accepted to camp, you and your child will be invited to attend a "Save Your Spot!" event, which will be held Saturday, June 25th, at the camp grounds. Attendance at this event is mandatory and is a very important part of Camp Erin.

Thank you again for your interest in Camp Erin!

Sincerely,

Rebecca Deaton, LCSW
Camp Erin Houston Clinical Director



Camp Information

CHILD'S NAME: _____ Age _____

CHILD'S BIRTHDATE: _____ Grade: _____

T-Shirt size (circle)- **Adult:** Small Medium Large or **Child:** Small Medium Large

Has your child ever:

Attended day camp? _____ Yes _____ No
Attended overnight camp? _____ Yes _____ No
Spent the night away from home? _____ Yes _____ No
Attended Camp Erin®? _____ Yes _____ No
(If yes, indicate which Camp Erin location and year attended)

Is your child a swimmer? _____ Yes _____ No

If yes, indicate level: _____ Beginner _____ Intermediate _____ Advanced

Does your child?

Enjoy Music? _____ Yes, What kind? _____ No
Play an instrument? _____ Yes, What kind? _____ No
Enjoy/play sports? _____ Yes, What kind? _____ No
Enjoy Arts/Crafts? _____ Yes, What kind? _____ No

What is your child's favorite food(s)? _____

What is your child's least favorite food(s)? _____

Please list any special interest/hobbies your child has: _____

Is there anything we should know to better serve your child? _____

What would you hope that your child would gain from attending Camp Erin? _____

How did you learn about this program?

____ Hospice ____ School ____ Physician

____ Newspaper ____ Friend ____ Other:

Have you and your child talked about the possibility of him/her coming to Camp Erin?

If yes, has the child or teen expressed any concerns regarding attending camp?

Bereavement History

Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child.

Child's Name _____

Nickname _____

Your name _____ Your relationship to child _____

Your mailing address _____

Phone # _____

Your email address _____

1. Full name of deceased _____ Relationship to child _____

2. Birth date of deceased _____ Date of death _____

3. Age of deceased at time of death _____ Age of child at time of death _____

4. Was the deceased receiving Hospice Care Team services at the time of death? _____

5. Was the death anticipated or sudden? _____

6. What was the deceased's cause of death? _____

7. Please check if either of the following statements are true:

Child/Adolescent has not been told the facts about the deceased's cause of death

Child/Adolescent does not understand the facts about the deceased's cause of death

If either is checked, please explain:

8. Where did this person die? _____

Was the child present at the time of death? _____

9. Did the child see the deceased after the death? _____

10. Was there a funeral or memorial service? _____

If yes, did your child attend and what were your child's comments/reactions to the service?

11. Did the child live with the deceased? _____

12. How would you describe your child's relationship with the deceased?

13. How would you describe your family's communication style regarding the death?

___ Open ___ Adequate ___ Very Little ___ Avoided ___ None

14. Does your child speak openly about the person who died?

15. Please explain how your child indicates that he/she is grieving.

16. Is this your child's first experience with death? _____

If no, please comment on other deaths your child has experienced.

REACTION TO THE LOSS

Please place and "X" if your child has exhibited any of the following since the death of the loved one:

- | | | |
|---|--|--|
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Behavior problems at school | <input type="checkbox"/> Peer difficulties |
| <input type="checkbox"/> Withdrawn/isolation | <input type="checkbox"/> Behavior problems at home | <input type="checkbox"/> Drug/Alcohol Use |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Running away from home | <input type="checkbox"/> Causing harm to others |
| <input type="checkbox"/> Suicidal thoughts/talk | <input type="checkbox"/> Headaches, stomachaches | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Difficulty with concentration | <input type="checkbox"/> Sleeping disturbances | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Causing harm to self | <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Loss of interest in usual activities | | <input type="checkbox"/> Inappropriate sexual behavior |
| <input type="checkbox"/> Belief that death was his/her fault | | <input type="checkbox"/> Disbelief |
| <input type="checkbox"/> Special fears | <input type="checkbox"/> Belief that death is a punishment | <input type="checkbox"/> Always trying to be in |
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Changes in attendance at school | control or perfect |
| <input type="checkbox"/> Worries about his/her safety | | <input type="checkbox"/> Changes in how he/she |
| <input type="checkbox"/> or the safety of others | | feels about self |
| <input type="checkbox"/> Hyperactive/Impulsive (Please circle: Increase/Decrease) | | |
| <input type="checkbox"/> Changes in weight (Please circle: Increase/Decrease) | | |

(Please circle: Sleep Walking, Bedwetting, Nightmares, Night Sweats)

OTHER IMPORTANT INFORMATION

1. Has your child received any professional support (i.e. school counselor, mental health therapist, peer support group, psychiatrist, pastoral support)? _____

If yes, is support currently provided? Please give approximate dates of when support started/ended.

2. Has there been any other changes/stresses in your child's life (i.e. illness, relocation, divorce, remarriage, finances, other losses)? Please explain.

3. Has your child ever experienced abuse of any kind? _____

4. Please describe your child's personality/character traits.

5. Are there any language, disability, and/or religious needs that we should be aware of to better serve your child?

(This information is voluntary and will only be used to help your child with the grieving process).

6. Are there any other special needs, family customs, or cultural aspects to your child's grieving that we should be aware of?

7. Is your child displaying any behaviors/moods that you are concerned about? _____
If yes, please explain.
