



## 2019 CAMP ERIN®-Hawaii Camper Application

**CAMP ERIN-Hawaii will be July 26-28, 2019.**

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

**Camper's name:** \_\_\_\_\_

**Camper prefers to be called:** \_\_\_\_\_ **Sex:**  Male  Female

**Age:** \_\_\_\_\_ **Date of birth (MM/DD/YYYY):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School name:** \_\_\_\_\_

**Siblings (list names/ages):** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone: Day:** (\_\_\_\_) \_\_\_\_\_ **Eve:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**E-mail address** (We use this to communicate important information with you): \_\_\_\_\_

**What is the best time/way to reach you?** (E.g., Afternoon/e-mail): \_\_\_\_\_

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

**Emergency contact #1 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Phone: Day:** (\_\_\_\_) \_\_\_\_\_ **Eve:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Emergency contact #2 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Phone: Day:** (\_\_\_\_) \_\_\_\_\_ **Eve:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Has camper attended Camp Erin before?**  Yes (specify year/ location): \_\_\_\_\_  No

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

Hospice of Kona  School  Web  Advertisement  Other(specify): \_\_\_\_\_

**BEREAVEMENT HISTORY** (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Name(s) of person(s) who died: \_\_\_\_\_

Relationship(s) to child: \_\_\_\_\_

Date(s) of death: \_\_\_\_\_ Age(s) 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

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

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

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

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

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 3 months? (Check all that apply.)

- Depression
- Special fears
- Lying
- Stealing
- Destruction of property
- Run away from home
- Discussed suicide
- Regression
- Nightmares
- Ongoing sleep disturbance
- Harmed self
- Harmed others
- Behavior problems (home)
- Behavior problems (school)
- Drug/alcohol use
- Unusual/inappropriate sexual behavior

If they have exhibited any of these behaviors, have they been addressed by a therapist or doctor? How? \_\_\_\_\_

Has the child experienced any other deaths?  Yes  No

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

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**Describe any other changes/stresses in the child's life in the last 6 months. (e.g., divorce, illness, moving).**

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

If yes, please specify:

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**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?**

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**What, if any, concerns does the child express?** \_\_\_\_\_

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**Has the child ever:**  
Spent a night away from home?  Yes  No  
Attended day camp?  Yes  No  
Attended overnight camp?  Yes  No

**List any special interests or hobbies the child has:** \_\_\_\_\_

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**List any dietary restrictions or food allergies the child has** (e.g., vegetarian, lactose intolerant, peanut allergy):

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**List any special medical needs/conditions or physical challenges the child has** (e.g., asthma, diabetes, mobility issues): \_\_\_\_\_

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

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

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

The following questions are used to gather demographic statistics. Please check all that apply.

**Race/Ethnicity**

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

**Would you describe your family as Low income?**

- Yes     No

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

If so, what branch?

- Army     Navy     Marine Corps     Air Force     Coast Guard     National Guard     Other

**Is either guardian an active, reserve or National Guard military member or military veteran?**     Yes     No

If so, what branch?

- Army     Navy     Marine Corps     Air Force     Coast Guard     National Guard     Other

**NAME (Printed):** \_\_\_\_\_    **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP TO CAMPER:** \_\_\_\_\_

*If submitting application online, we can print in our office, and you can sign it at the Save-Your-Spot Pizza Party.*

PLEASE RETURN TO:    **Hospice of Kona**  
**PO Box 4130**  
**Kailua-Kona, HI 96745**

**Email: [info@hospiceofkona.org](mailto:info@hospiceofkona.org)**  
**Office: 808.324.7700**  
**Fax: 808.331.0767**