



2020 CAMP ERIN® Hawaii Camper Application

CAMP ERIN-Hawaii will be July 17-19, 2020

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): _____

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

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: _____

Was this person the child's primary caregiver? Yes No

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.)

- | | | | | |
|---|--|---|---|--|
| <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"/> 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:

Describe any other changes/stresses in the child's life in the last 6 months. (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? _____

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: _____

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

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

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?

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? Does the youth qualify for or receive free lunch at school?

- 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 (date TBA).

PLEASE RETURN TO: **Hospice of Kona**
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Kailua-Kona, HI.
96745

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