



PLEASE read the accompanying cover letter from the Camp Director before completely filling out all 5 pages of this Camper Registration Form. Thank you!

P.O Box 1361 Lewiston, ID 83501
(509) 780-1156 or campdirector@willow-center.org

CAMPER REGISTRATION FORM Camp Dates: July 14-16, 2017

Camper's Name: _____
First Middle Last

Nickname (if any): _____ Child's T-shirt size (please circle) :
Child's S M L
Adult's S M L XL 2X 3X 4X

Home address: _____

City / State / Zip: _____

Age: _____ Date of Birth: _____ Current Grade: _____ M _____ F _____

Parent / Guardian's Name: _____

Daytime phone: _____ Evening phone: _____

Email address: _____

| Siblings: | Name | Age |
|-----------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Religious affiliation / preference: _____

Has your child ever spent the night away from home? Yes _____ No _____

| |
|---|
| <p>Who should we notify in an emergency?</p> <p>Name: _____ Relationship: _____</p> <p>Telephone: () _____ () _____ () _____</p> <p>Name: _____ Relationship: _____</p> <p>Telephone: () _____ () _____ () _____</p> |
|---|

Camper Registration Forms must be received by June 12, 2017, but apply as soon as possible.

BEREAVEMENT HISTORY

Camper's Name: _____

Name of the person(s) who died: _____

Relationship to camper: _____

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

Was the death anticipated? Yes _____ No _____

How did this person(s) die? _____

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

Comments: _____

Did your child see the deceased after the death? Yes _____ No _____

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

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

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

Did your child and/or family receive counseling? Yes _____ No _____

Was the school counselor notified that the child experienced a death? Yes _____ No _____

Please describe how your child indicates that s/he is grieving? _____

Has your child experienced any other deaths? Yes _____ No _____

Comments: _____

Have there been any other changes/stresses in your child's life (i.e., divorce, illness, relocation, etc.)?

Please explain: _____

Has your child said or done anything recently that concerns you? Yes _____ No _____

If so, what? _____

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CAMPER MEDICAL INFORMATION

Camper's name: _____

Does your child have any of the following:

If yes, comment below as needed:

- | | | | |
|--------------------------------|----------|---------|-------|
| Physical limitations? | Yes ____ | No ____ | _____ |
| Asthma? | Yes ____ | No ____ | _____ |
| Dietary restrictions? | Yes ____ | No ____ | _____ |
| Convulsions / Seizures? | Yes ____ | No ____ | _____ |
| Diabetes? | Yes ____ | No ____ | _____ |
| Ear infections? | Yes ____ | No ____ | _____ |
| Hearing impairment? | Yes ____ | No ____ | _____ |
| Motion sickness? | Yes ____ | No ____ | _____ |
| Nose bleeds? | Yes ____ | No ____ | _____ |
| Wears glasses / contacts? | Yes ____ | No ____ | _____ |
| Allergies? Food/plant /insect? | Yes ____ | No ____ | _____ |

Please specify. _____

Other?

Please specify. _____

Is your child currently under the care of a physician?

Dr.'s name: _____ **Dr.'s Phone:** _____

Preferred Hospital: _____ **Health Insurance:** _____

Insurance Subscriber name: _____ **ID #:** _____ **Group #:** _____

What is the date of your child's last tetanus shot? _____

Will your child be taking medications at camp? If yes, please specify below. Yes ____ No ____

| | | |
|-----------------------------|-----------|----------------|
| Name of Medication / Dosage | For what? | Prescribed by: |
|-----------------------------|-----------|----------------|

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Allergies to any medications? *If yes, please specify:* _____

Has your child exhibited any of the following behaviors since the death of the loved one?

- | | | | | | |
|---|----------|---------|--------------------|----------|---------|
| Ongoing sleep disturbance? | Yes ____ | No ____ | Depression? | Yes ____ | No ____ |
| Stealing? | Yes ____ | No ____ | Lying? | Yes ____ | No ____ |
| Destruction of property? | Yes ____ | No ____ | Bed wetting? | Yes ____ | No ____ |
| Run away from home? | Yes ____ | No ____ | Regression? | Yes ____ | No ____ |
| Caused harm to self? | Yes ____ | No ____ | Nightmares? | Yes ____ | No ____ |
| Behavior problems at home? | Yes ____ | No ____ | Discussed suicide? | Yes ____ | No ____ |
| Behavior problems at school? | Yes ____ | No ____ | Special fears? | Yes ____ | No ____ |
| Unusual or inappropriate sexual behavior? | Yes ____ | No ____ | | | |

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Are you concerned about any of the following in relation to your child? Is yes, please comment.

| | | | |
|---|----------|---------|-------|
| Physical illness? | Yes ____ | No ____ | _____ |
| Isolation? | Yes ____ | No ____ | _____ |
| Intense guilt or self-blame? | Yes ____ | No ____ | _____ |
| Intense anger or depression? | Yes ____ | No ____ | _____ |
| Ambivalent relationship with deceased? | Yes ____ | No ____ | _____ |
| Strong denial prior to death? | Yes ____ | No ____ | _____ |
| Intense clinging or fretfulness? | Yes ____ | No ____ | _____ |
| Multiple deaths/crises in last 2 years? | Yes ____ | No ____ | _____ |
| History of mental health problems? | Yes ____ | No ____ | _____ |
| History of drug alcohol abuse? | Yes ____ | No ____ | _____ |
| History of attempted suicides? | Yes ____ | No ____ | _____ |
| Lack of financial resources? | Yes ____ | No ____ | _____ |

Have you and your child talked about him/her going to Camp Erin? Yes ____ No ____
Has your child attended Camp Erin before? Yes ____ No ____ If so what year/years. _____
 What, if any, concerns do you have about your child going to camp? _____

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

Other comments you wish to make: _____

Ethnicity (OPTIONAL): Please check applicable box or boxes for your child.

| | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> African American or Black |
| <input type="checkbox"/> White, non-Hispanic or Latino | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ |

As a partner with The Moyer Foundation, the Willow Center is actively working to increase awareness that Camp Erin is a resource to families in the military community. Please answer the following questions for your family:

- Was the person who died an active, reserve or National Guard military member or a military veteran?
If so, what branch? _____
- Is either parent or guardian an active, reserve or National Guard military member or military veteran?
If so, what branch? _____

 (Print) Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

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CAMP INFORMATION

Camper's name: _____

Has your child ever:

| | | |
|--|----------|---------|
| Attended day camp? | Yes ____ | No ____ |
| Attended overnight camp? | Yes ____ | No ____ |
| Been in a canoe/kayak? | Yes ____ | No ____ |
| Been hiking? | Yes ____ | No ____ |
| Participated in a challenge course/initiative games? | Yes ____ | No ____ |

Is your child a swimmer? Yes ____ No ____

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

Does your child play an instrument?

If yes, list instrument(s): _____

Does your child enjoy:

| | | |
|-----------------------------|----------|---------|
| Music? | Yes ____ | No ____ |
| Outdoor activities? | Yes ____ | No ____ |
| Creative writing? | Yes ____ | No ____ |
| Arts and Crafts? | Yes ____ | No ____ |
| Drama/story telling? | Yes ____ | No ____ |
| Dance? | Yes ____ | No ____ |
| Sports/physical activities? | Yes ____ | No ____ |

Is your child a reader? Yes ____ No ____

Please list any special interests/hobbies your child has. _____

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

How did you hear about Camp Erin?

| | | | |
|---------------|--------------------|----------------|----------------|
| School ____ | Willow Center ____ | Physician ____ | Counselor ____ |
| Friend ____ | Newspaper ____ | Radio ____ | Church ____ |
| Relative ____ | Internet ____ | TV ____ | Other ____ |

Please specify: _____

Family Income Data (This information is requested by our major grant provider. The data for all campers is confidential. Income level does NOT determine attendance at Camp Erin): Please check the applicable box for your household annual income.

. Under \$25,000 \$25,000 to \$36,450 \$38,000-\$59,999 \$60,000-\$100,000 Over \$100,000

(Print) Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

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