



**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](mailto: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 \_\_\_\_\_

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

**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? \_\_\_\_\_

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

## 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 ___ |                    |         |        |

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

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

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

## 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

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