camp erin
The Moyer Foundation and Willow Center, Inc.

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 13-15, 2018

Camper's Name: _____
First Middle Last

Nickname (if any): _____

Child's T-shirt size (**please check**) :
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 ☐

Weight: _____ Height: _____

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 ☐

Who should we notify in an emergency?

Name: _____ **Relationship:** _____

Telephone: _____

Name: _____ **Relationship:** _____

Telephone: _____

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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? Yes ☐ No ☐

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.

☐ Hispanic or Latino
☐ White, or Caucasian
☐ Native Hawaiian or Other Pacific Islander
☐ African American or Black
☐ Native American or Alaska Native
☐ Asian ☐ 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?
  Yes ☐ No ☐ If so, what branch?_____
- Is either parent or guardian an active, reserve or National Guard military member or military veteran?
  Yes ☐ No ☐ If so, what branch?_____

***Please send a picture of the camper and the picture of the person who has died or email pictures to campdierctor@willow-center.org**

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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? Yes ☐ No ☐

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 ☐

If 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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