



Camp Erin® Lewis Clark Valley 2025 Camper Application



Camp will be held from **Friday, July 11th – Sunday, July 13th, 2025** at Camp Lutherhaven, Coeur d'Alene, ID. The Willow Center will be hosting Camp Erin which is a transformational weekend camp specifically designed for kids and teens, ages 6-17, who have experienced the death of a significant person. Camp Erin combines traditional, fun camp activities with grief education and emotional support, free of charge for all families. Led by grief professionals and trained volunteers, Camp Erin provides a unique opportunity for youth to increase levels of hope, enhance self-esteem, and especially to learn that they are not alone.

Campers will be chosen on a first come first serve basis with priority given to new campers*. A family interview is required for all campers. Acceptance status will be communicated after the family interview. Camp space is limited.
**Campers that have previously attended any Camp Erin will automatically be added the waitlist. Please verbally inform the staff if your child has experienced a significant death since attending.*

For more information, please call (208) 791-7192 or email campdirector@willow-center.org.

Submission of this application does not constitute acceptance into Camp Erin.

CAMPER INFORMATION (COMPLETE A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

Camper's First name: _____ Last Name: _____

Camper prefers to be called (will appear on nametag): _____ Gender: _____

Pronouns: She/her/hers He/him/his They/them/theirs Other (please list): _____

Age: _____ Date of birth (MM/DD/YYYY): _____ Grade: _____

Siblings under 18 (list names/ages): _____

PARENT/LEGAL GUARDIAN: Any parent/legal guardian listed on this form can receive information about the program and about the camper. (If legal guardian(s) is not the biological parent, please provide custodial paperwork)

(1) First Name: _____ Last Name: _____ Relationship to camper: _____

Phone: Cell: _____ Home: _____

E-mail address (watch for important updates): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

(2) First Name: _____ Last Name: _____ Relationship to camper: _____

Phone: Cell: _____ Home: _____

E-mail address (watch for important updates): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Camper's Name: _____

BEREAVEMENT HISTORY

Has the camper ever attended a Camp Erin before? Yes (specify year/ location): _____ No

Has the camper been involved with the Willow Center before? Yes No

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

Willow Center Counselor School Web Advertisement Other: _____

Name(s) of significant person(s) who died: _____

Relationship(s) to camper: _____

What did the camper call their person(s): _____

Date(s) of death: _____ Age(s) of deceased at time of death: _____

What was the cause(s) of death: _____

What does the camper know about the death: _____

Was the death anticipated? Yes No

Was the camper present at the time of death? Yes No

Was the deceased a significant caregiver of the camper? Yes No

Did the camper attend the funeral/memorial service? Yes No

If YES, what were your camper's reactions to the service?

If NO, was there a reason they did not attend?

Do you and the camper talk about the deceased? Yes No

Did the camper receive counseling/grief support before or after the death? Yes No

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

Describe the relationship between the camper and the deceased (e.g. saw each other every day; visit twice a year):

What have you observed that indicates your camper is grieving? _____

Has the camper experienced any other deaths? (e.g. pets, distant relative) Yes No

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

Camper's Name: _____

CAMPER BEHAVIOR

Has the camper exhibited any of the following behaviors in the last two 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 at home | <input type="checkbox"/> Behavior problems at school | |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Unusual/inappropriate sexual behavior | <input type="checkbox"/> Other | <input type="checkbox"/> None | |

Please provide more information about the behaviors checked above: _____

Describe any other changes/stresses in the camper's life. (e.g. divorce, illness, moves) _____

Have you noticed a change in the camper's friendships or peer relationships? Yes No
If yes, please specify: _____

Has the camper's behavior, things they have said or done concerned you lately? Yes No
If yes, please specify: _____

Does the camper have any triggers that upset them? (e.g. specific noise, smell, words, etc.) Yes No
If yes, please specify: _____

Has the camper ever been involved with the juvenile justice system? Yes No
If yes, (check all that apply)
 Arrested Held in juvenile detention Placed on probation
 Went to court Involved for status offense (ex. Truancy, runaway, ungovernable)
 Other

If yes, please provide more information about the items checked above: _____

Is the camper currently under the care of a counselor/mental health professional? Yes No
If yes, Name: _____ Phone: _____

CAMP INFORMATION

Have you and the camper talked about him/her coming to Camp Erin? Yes No

What, if any, concerns do YOU have about the camper coming to camp? _____

What, if any, concerns does YOUR CAMPER express about coming to camp? _____

Camper's Name: _____

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

Is there anything else we should know to better serve the camper? _____

T-shirt size (check one): Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

DEMOGRAPHICS

(This information will be used for grant applications, research projects, and to better serve the community.)

Race/Ethnicity (Check all that apply.):

African American/Black Native American Asian Caucasian/White Pacific Islander
 Hispanic/Latinx Multi-Racial Other: _____

Does the camper qualify for or receive free or reduced lunch at school? Yes No Prefer not to answer

Was the deceased an active, reserve, or National Guard military member or military veteran? Yes No
If so, who and what branch? _____

Is the camper's parent/guardian an active, reserve, or National Guard military member or veteran? Yes No
If so, who and what branch? _____

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

(1) Emergency contact #1 full name: _____ Relationship to camper: _____

Phone: _____ Cell: _____ Home: _____

(2) Emergency contact #2 full name: _____ Relationship to camper: _____

Phone: _____ Cell: _____ Home: _____

Camper's Name: _____

CAMPER MEDICATION INFORMATION

Does your camper currently take any long-term medications?

Yes

No

*If yes, please list all your camper's current long-term medications. We understand that these might change before camp. **ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH CAMPER'S PRESCRIPTION WHEN ARRIVING TO CAMP.***

(1) Name of medication: _____ Used for: _____

To be taken at: _____ Dosage: _____ Prescription or OTC: _____

Other Information: _____

(2) Name of medication: _____ Used for: _____

To be taken at: _____ Dosage: _____ Prescription or OTC: _____

Other Information: _____

(3) Name of medication: _____ Used for: _____

To be taken at: _____ Dosage: _____ Prescription or OTC: _____

Other Information: _____

Does your camper use an EpiPen? *If yes, please bring to camp.*

Yes

No

Food allergies: _____

By signing below, I am certifying that all information in this application to be true, complete, and correct to the best of my knowledge and belief. I am also certifying that I am the legal parent/guardian of the above-named camper, known in this form as 'camper' or 'child'.

I am also authorizing The Willow Center to contact me by phone, text, and email regarding my child and with information about Camp Erin. I understand that there will be more forms to fill out and a family interview prior to my child's acceptance into Camp Erin.

NAME OF PARENT OR LEGAL GUARDIAN (Printed): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____ RELATIONSHIP TO CAMPER: _____

PLEASE RETURN TO: **The Willow Center**
Attn: Camp Erin
1714 G Street
Lewiston ID 83501

Email: campdirector@willow-center.org
Phone: 208-791-7192