



Dear Camper Family,

Thanks for your interest in Kid's Path ® Day Camp! This year's camp will be held at South Mountain Christian Camp in Bostic, NC on Thursday, June 28<sup>th</sup>.

Please complete the enclosed application and return it to our office as soon as possible as space at camp is limited and applicants are considered on a first-time basis. Also, please note that preference is given to campers who have not attended Kid's Path ® Day Camp before. (We do maintain a waiting list for applicants whose applications were received after all spots were filled, or who have attended camp before, and we often accept applicants on this waiting list during the month before camp.)

Please mail your application to: **Hospice of the Carolina Foothills**  
**Attn: Cy Miller**  
**PO Box 336**  
**Forest City, NC 28043**

You are welcome to contact Cy Miller by phone at (828)-245-0095, or via email at [cmiller@hocf.org](mailto:cmiller@hocf.org), if you have additional questions or concerns.

Thanks again for your interest! We look forward to meeting you!

Sincerely,

**Cy Miller**

Cy Miller  
Kid's Path ® Day Camp Coordinator  
(828)-245-0095  
[cmiller@hocf.org](mailto:cmiller@hocf.org)

**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:** \_\_\_\_\_

**Race/Ethnicity (We use this information to gather demographic statistics. Circle all that apply:**

African African – American Asian American Indian or Native Alaskan  
Caucasian Latino Multi-Racial Native Hawaiian or Other Pacific Islander  
Other: \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Sibling (list names/ages):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Mailing Address:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone: Day ( )** \_\_\_\_\_ **Evening: ( )** \_\_\_\_\_ **Cell: ( )** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**What is the best time/way to reach you? (E.g., Afternoon/Email):** \_\_\_\_\_

**Emergency Contacts: Please list two people other than yourself to contact in case of emergency at camp:**

**Emergency Contact #1: Name** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Phone: Day ( )** \_\_\_\_\_ **Evening: ( )** \_\_\_\_\_ **Cell: ( )** \_\_\_\_\_

**Emergency Contact #2: Name** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Phone: Day ( )** \_\_\_\_\_ **Evening: ( )** \_\_\_\_\_ **Cell: ( )** \_\_\_\_\_

**Has camper attended camp with Hospice of the Carolina Foothills before? Yes No**

**If so, please specify year:** \_\_\_\_\_

**Has camper been involved with Hospice of the Carolina Foothills' grief program before? Yes No**

**How did you hear about Kid's Path ® Day Camp? (Circle all that apply)**

Hospice of the Carolina Foothills School Web Advertisement Other (specify): \_\_\_\_\_

**Is either parent/guardian an active, reserve or National Guard military member or military veteran? Yes No**

**If so, what branch:** \_\_\_\_\_

**Bereavement History (Attach additional sheets if more space is needed)**

Name(s) of person(s) who died: \_\_\_\_\_

Relationship(s) to child: \_\_\_\_\_

Date(s) of death: \_\_\_\_\_ Age(s) of deceased at time of death: \_\_\_\_\_

What was the cause of death?  
\_\_\_\_\_

Was the death anticipated? Yes No

Had the deceased received hospice services? Yes (specify Hospice Name): \_\_\_\_\_ No

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

Did the child see the deceased after the 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/grief support services before or after the death? Yes No

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

Describe the relationship between the child and the deceased (e.g., close, distant, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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 since the death? (Circle all that apply)**

Depression	Special Fears	Stealing	Destruction of Property	Regression
Nightmares	Ongoing Sleep Disturbance	Harmed Self		Lying
Harmed Others	Behavior Problems (Home)	Behavior Problems (School)		Drug/Alcohol Use
Unusual/Inappropriate Sexual Behavior		Discussed Suicide		Run Away from Home

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 on the child's life (e.g. divorce, illness, moving):

\_\_\_\_\_  
\_\_\_\_\_

Has the child said or done anything recently that has concerned you? Yes No

If yes, please specify: \_\_\_\_\_

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**Camper Information (Attach extra sheet if more space is needed)**

Has the child ever attended day camp?    Yes \_\_\_ No \_\_\_

Swimming level: Beginner\_\_\_    Intermediate\_\_\_    Advanced\_\_\_    Does not swim\_\_\_

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

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

T-Shirt Size (Circle one):    Child S                  Child M                  Child L                  Adult XL                  Adult 2X                  Adult 3X  
   Adult S                  Adult M                  Adult L

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Please Return to:                  Hospice of the Carolina Foothills  
   Attn: Cy Miller  
   PO Box 336  
   Forest City, NC 28043  
   Email: cymiller@hocf.org  
   Phone: (828)-245-0095

Office Use Only: Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_