



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 27th.

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, 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

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: _____

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: _____