

CAMP COURAGE 2024

Camper Application (Ages 6-14)

June 21, 22, 23



****Application deadline is May 10, 2024****

\$10 non-refundable application fee will be due by the parent meeting in June

Personal Information

Camper's Name: _____ Birthdate: _____ Gender: Male Female

Parent/Guardian: _____ Contact Number: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Parent's Email Address: _____

School Name: _____ Grade (entering): _____

How did you hear about Camp Courage: _____

Has camper previously attended Camp Courage: Yes Year: _____ No

Do you have a relative (sibling, cousin, stepsiblings, etc.) attending Camp Courage: Yes No

Names & relationships : _____

Information About Deceased Loved One

Name of Deceased: _____ Relationship to Camper: _____

Was deceased a patient of Harbor Hospice? Yes No

Was camper present at death? Yes No

Date of death: _____ Death was: illness-related sudden violent

How did the death occur: _____

What was the camper told about the death: _____

Describe the relationship between the camper and the deceased: _____

Any additional losses: _____

Camper's t-shirt size:

- Child x-small Child small Child medium Child large Child x-large
 Adult small Adult medium Adult large Adult x-large Adult xx-large

Camper's favorite color: _____

Camper's interests (ex.: soccer, music, painting, etc.): _____

Indicate how often the camper is currently experiencing the following:

	Rarely or Never	Sometimes or Occasionally	Frequently or Always
<u>Trouble sleeping at night</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Unwillingness to sleep alone in room</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Unwillingness to sleep alone in bed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Eating problems</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Withdrawal from friends or family</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fighting with siblings</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fighting in school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Difficulties with school work</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Getting into trouble at school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Unwillingness to go to school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Temper tantrums</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Stomach aches or nausea</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Headaches</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other physical complaints</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Talks about hurting self</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Talks about hurting others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Attempts to hurt self</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Attempts to hurt others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Anger about loved one's death</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Thoughts of suicide</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Lack of enjoyment of favorite activities</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Crying without a specific reason</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inability to concentrate when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal to talk about deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsession with death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going back to "babyish" behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing constant attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other concerns: _____

Additional Information

Does the camper want to attend Camp Courage? Yes No

Is the camper comfortable being away from home? Yes No

If the camper is not comfortable by being away from home, what usually helps? _____

Camper has fear of: the dark water animals storms being alone

Other fear (describe) _____

Eating habits or issues we should know about : _____

Physical restrictions: _____

Emergency Contact Info

****Parents/Guardian/Emergency Contacts need to be prepared to present a state issued ID/driver's license to pick-up child from camp****

In case of emergency, I authorize Harbor Hospice to allow the following individual to pick my child up from camp:

Name of an adult over the age of 18 who can pick up
the child in parent/guardians' absence

Phone Number

I attest that the information on this application is complete and accurate to the best of my knowledge. I grant permission for Camp Courage directors to communicate with my child's mental health provider and/or school staff for the purpose of verifying information and assessing my child's appropriateness for participation with Camp Courage.

Parent/Legal Guardian - Printed Name

Date

Parent/Legal Guardian -Signature

*If legal guardian, please attach documentation

Applications can be submitted via mail, email or fax:

**Harbor Hospice
Attn: Camp Courage Director
1050 W. Western Ave., Suite 400
Muskegon, MI 49441**

email: info@HarborHospiceMI.org Fax: (231) 722-0708

