CAMP MOLLY CAMPER APPLICATION

<u>Camper Info</u>

Camper's Name: _____

Name for Camper's Badge: _____

Camper's Pronouns: He/Him   She/Her   They/Them   Other:_____

Camper's Sex Assigned at Birth: _____

Camper's Gender Identity: Male   Female   Non-Binary   Other: _____
- *Cabins will be assigned based on gender identity*

Age _____   Date of Birth_____   Grade_____

Parent/Guardian's Name: _____

Home Address_____

City/State Zip_____

Phone_____Email Address_____

<u>Emergency Contacts other than listed above (must have 2):</u>

1. Name_____

Relationship_____

Primary Phone_____

Secondary Phone_____

2. Name_____

Relationship_____

Primary Phone_____

Secondary Phone: _____

Has the family received counseling?   Yes   No

Has your child experienced any other deaths?   Yes   No

Comment:

_____

_____

Please describe how your child shows he/she is grieving

_____

_____

Have there been any other stresses/changes in your child's life (divorce, family illness, relocation, new school)?

                                                        Yes   No

Comment:

_____

_____

Has your child said or done anything recently that concerns you?   Yes   No

Comment

_____

_____

Does your child ever have a problem with bed wetting?   Yes   No

Comment:

_____

_____

Does your child have dietary restrictions?   Yes   No

_____

_____

Is there anything else we should know about your child to be able to better accommodate them at camp?

_____

_____

_____

Parent/Guardian Signature   Date

_____   _____

Parent Questionnaire

Camper Name_____

Please check any behaviors/ issues that your child may be exhibiting or that you are concerned ab

Behaviors	Yes, before the death	Yes, this is a concern now	Not at this time
Sleep disturbances			

Parent Questionnaire continued:

Please use the space below to explain further about the questions marked YES on the previous page.

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CAMP MOLLYMAIL

MAIL'S HERE

At Camp, we find that our campers thrive on encouragement. The section below provides a place for you to writ
your child attending camp to receive as a surprise throughout the weekend. Please fill out the below portion and
return it with your child's application!

Thank you!

Camp Staff

Camp Molly Mail:

To:

From:

<u>Please return all required forms as well as a picture of the sibling we will be remembering at camp to</u>:

<u>By Mail to:</u>

Camp Molly/Bereavement Services
Partners in Advanced Care Team
Nemours Children's Hospital, Delaware
1600 Rockland Road, CD45
Wilmington, DE 19803