

## APPLICATION for CAMP MEND-A-HEART

**SPACE IS LIMITED !**

Camp Dates: August 16, 17, 18 2010  
Location: Solid Rock Bible Camp  
Times: 9am - 3:30pm

Child's Full Name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

**\*Please provide legal documentation of guardianship**

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Age of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

School: \_\_\_\_\_

Emergency Contact (other than Parent/Guardian) :

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Please circle child's camp T-shirt size: **Adult Small Adult Medium Adult Large**

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**Please complete these questions to help staff learn about this child's experience with loss:**

Name of the loved one who died: \_\_\_\_\_

How was the child related to the deceased? \_\_\_\_\_

When did the death occur? \_\_\_\_\_ What was the cause of death? \_\_\_\_\_

How has the child responded to the death? \_\_\_\_\_

How has your child attempted to cope with his or her grief? \_\_\_\_\_

List any help the child has received to cope with grief (Grief camp, Support Group, Counseling, Church) :

What other big changes recently occurred in this child's life(moving, divorce, new school, other losses)?

Please provide additional information that could be helpful in providing a positive camp experience for this child (If you need more space please write on the back of the page) :

Camp Mend-A-Heart is **FREE** due to fundraising efforts by the Board of Directors for Hospice of the Central Peninsula

**PLEASE MAIL APPLICATION TO**

Hospice of the Central Peninsula

PO Box 2584

Soldotna, Alaska 99669

Or Fax to: 262-4961