



**1632 Ainsdale Drive
Roseville, CA 95747
Tel: (916) 772-1400
www.CampHopeCA.com**

Camp Hope Registration Form

Guardian Name: _____

Camper Name: _____ Birthdate: _____ Age: _____

Grade: _____ Your relationship to Camper: _____

Name and ages of child's living siblings: _____

Address: _____

Phone: _____ Email: _____

How did you hear about Camp Hope? _____

Name of the Person who Died: _____ Age of Person: _____

Relationship to Camper: _____ Date of Death: _____

Cause of Death: _____

Did the child live with the person who died? _____

Was the child present at the time of death? _____

Did the child witness the death? (Please explain) _____

Was the death anticipated? (If yes, please explain) _____

Did the child attend the funeral/memorial service? (If yes, what were your child's reactions to/comments about the service?) _____

Describe in detail the child's relationship with the deceased and how his/her life has been affected by the death. (Use a separate sheet of paper if necessary.)

Has your child been in any support groups or sought counseling? Yes No
If yes, please explain: _____

Has the family received counseling? Yes No

Has your child ever received mental health counseling? Yes No
If yes, please explain: _____

Has the child exhibited any of the following behaviors since the death? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Behavior problems at home | <input type="checkbox"/> Increased physical illness |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Behavior problems at school | <input type="checkbox"/> Isolates self or spends excessive time alone |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Stealing | <input type="checkbox"/> Intense guilt |
| <input type="checkbox"/> Harmed others | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Intense anger |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Intense clinging or longing |
| <input type="checkbox"/> Special fears | <input type="checkbox"/> Ongoing sleep problems | <input type="checkbox"/> Mental health concerns |
| <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Getting into fights | <input type="checkbox"/> Changes in grades |
| <input type="checkbox"/> Attempted suicide | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Changes in friends |
| <input type="checkbox"/> Unusual/inappropriate sexual behavior | <input type="checkbox"/> Exhibiting behaviors younger than their age | <input type="checkbox"/> Involvement with the police/law enforcement |
| <input type="checkbox"/> Lying | | |

Has the child said or done anything recently that has concerned you? _____

Have you and the child talked about him/her coming to Camp Hope? Yes No

What, if any, concerns do you have about the child coming to camp?

What, if any, concerns does the child express?

Is there anything we should know about the child's religious beliefs or faith practice?

What else should we know about the child?

Camper's T-shirt size:

- Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult X-Large

Does your child have any dietary needs (e.g. vegetarian or allergies)?

Camper's Signature: _____

Guardian's Signature: _____

Relationship to Camper: _____
