



## Camper Registration

### CAMP DATE:

Please fill in date of  
camp! \_\_\_\_\_

### Please return to Camp Good Grief

P.O. Box 141046 Staten Island, NY 10314

**1<sup>st</sup> Child's Name:** \_\_\_\_\_ Male or Female

Current Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of School: \_\_\_\_\_

Circle Tee Shirt Size: Youth: Small Medium Large Adult: S M L XL

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_ Male or Female

Current Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of School: \_\_\_\_\_

Circle Tee Shirt Size: Youth: Small Medium Large Adult: S M L XL

**3<sup>rd</sup> Child's Name:** \_\_\_\_\_ Male or Female

Current Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of School: \_\_\_\_\_

Circle Tee Shirt Size: Youth: Small Medium Large Adult: S M L XL

**Parent/Legal Guardian Name(s):** \_\_\_\_\_

Relationship to the child(ren): \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Names of others living in the home: Relationship to the child(ren)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person to contact during camp in the event of an **Emergency** (list two)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical**

List any **medical concerns (asthma, diabetes, etc.), allergies (foods, bee sting, etc.) or physical restrictions:**

1<sup>st</sup> Child:

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2<sup>nd</sup> Child:

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3<sup>rd</sup> Child:

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Physician's name, address and phone number:

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List any **medications your** child(ren) are taking and **for what:**

1<sup>st</sup> child: \_\_\_\_\_

2<sup>nd</sup> child: \_\_\_\_\_

3<sup>rd</sup> child: \_\_\_\_\_

**If your child needs medication**, you will need to provide the following:

1. Your physician's order
2. The medication in its original container
3. Your permission to have our nurse give your child the medication

**YOU MUST ATTACH A COPY OF EACH CHILD'S  
PHYSICAL DATED WITHIN THE PAST 12 MONTHS**

**How did you learn about Camp Good Grief? (name, address, phone)** \_\_\_\_\_

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**Anything else** you want to share with us \_\_\_\_\_

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**Bereavement History**

Name of the **person who died** and his or her relationship to your child \_\_\_\_\_ Age when her or she died: \_\_\_\_\_

**How** did the person die?

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Is your child **aware** of how he or she died?

1<sup>st</sup> child Yes or No      2<sup>nd</sup> child Yes or No      3<sup>rd</sup> child Yes or No

Was your child **present** at the time of death?

1<sup>st</sup> child Yes or No      2<sup>nd</sup> child Yes or No      3<sup>rd</sup> child Yes or No

Did your child **attend the funeral** or memorial service?

1<sup>st</sup> child Yes or No      2<sup>nd</sup> child Yes or No      3<sup>rd</sup> child Yes or No

If yes what were your child's **reactions**?

1<sup>st</sup> child \_\_\_\_\_

2<sup>nd</sup> child \_\_\_\_\_

3<sup>rd</sup> child \_\_\_\_\_

Does your child receive any **professional support**? Please explain if yes.

**Include the name** of the professional, their title, such as doctor, social worker, psychologist, etc. and their **contact information**.

1<sup>st</sup> child \_\_\_\_\_

2<sup>nd</sup> child \_\_\_\_\_

3<sup>rd</sup> child \_\_\_\_\_

Please explain **how your child shows his or her grief**: (Examples: shows anger, fear, happiness, sadness, blames him or herself or others, doesn't want to go to school, doesn't want to participate in activities, is often ill, shows few emotions, etc.)

1<sup>st</sup> child \_\_\_\_\_

2<sup>nd</sup> child \_\_\_\_\_

3<sup>rd</sup> child \_\_\_\_\_

Please list **any other significant deaths, losses or changes** in the family situation during the past few years. (This might include a move, change or loss of job, an illness, the death of a pet, a divorce, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any **additional information** you feel would be helpful for us to know such as special needs, bedwetting, ADHD, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All information received is held in the strictest confidence.**