

# 2022 Camp Firefly Camper Registration

Sept. 24 • Warriors' Path State Park

## Camper information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Current school grade: \_\_\_\_\_ School name: \_\_\_\_\_

Please note any physical, mental health or intellectual issues that should be brought to the attention of camp counselors, including diagnosis such as ADHD, autism, anxiety disorder or depression.

Please list any medications the child is currently taking.

Does the camper have any food or medication allergies? If so, please list those below.

Is the camper receiving professional support? Yes \_\_\_ No \_\_\_

If yes, from: \_\_\_ school counselor \_\_\_ social worker \_\_\_ psychologist \_\_\_ pastoral counselor \_\_\_ family therapist

## Parent/guardian information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency contact information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

**Other authorized person to pick the child up from camp, if any.**

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

**Bereavement information**

Name of the deceased: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Age of the deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

Age of the child when the death occurred: \_\_\_\_\_

Where did the death occur: \_\_\_\_\_

Did the child attend the funeral or memorial service?  Yes  No

What was the child's reaction to the death?

How was the loss explained to the child?

Have there been other recent deaths experienced by the child? (If yes, who and when?)

Have there been any other changes in the child's life (examples: divorce, remarriage, relocation, illness, etc.)?

Your name/signature: \_\_\_\_\_

Date/time: \_\_\_\_\_

