



PeaceHealth Whatcom Hospice
Camp Kaleidoscope 2023
Camper Application

Friday, August 4 – Sunday, August 6, 2023

Section I. Camper Information (*Please fill out a separate registration form for each child*)

Child's Name: _____ Date of Birth: _____
Last, First (legal), Middle Initial Preferred Name or Nickname

Home Address: _____
Street Address City, State, Zip

Mailing Address (if different): _____
Street Address/PO Box City, State, Zip

Age: _____ School & Grade for 2023: _____ Gender: _____ Pronoun _____

Section II. Caregiver Information

What is your relationship to the child? Parent Grandparent Other

Are you the legal guardian? Yes No (Form must be signed by a legal guardian)

Parent/Guardian Name(s): _____

Parent/Guardian Phone: Primary: _____ Secondary: _____

Parent/Guardian Email: _____

What is the best time/way to reach you? Email Phone Call Other

What languages are spoken in the child's home? _____

Who currently lives in the home with the child? (list names/relationships to camper) _____

Are the child's guardian(s), parent(s), or deceased a military member or veteran? Yes No

If yes, which branch(es) of the military? _____

Section III. Emergency Contact Information (*list two people other than you to contact in case of an emergency*)

Emergency Contact #1: _____ Relationship to child: _____
Phone: Primary: _____ Secondary: _____ Email: _____

Emergency Contact #2: _____ Relationship to child: _____
Phone: Primary: _____ Secondary: _____ Email: _____

Child's T-Shirt Size Youth Small (6-8) Youth Med (8-10) Youth L (10-12) Youth XL (12-14)
 Adult Small Adult Med Adult Large Adult XL Adult 2X Adult 3X

CK STAFF ONLY
Date received: _____
 Processed Scanned
 Called Interview Date

Please return application to:
Whatcom Hospice
Attn: Lulu Verneuil, Camp Kaleidoscope Coordinator
2800 Douglas Avenue
Bellingham, WA 98225
lverneuil@peacehealth.org

Child's Name:

Section IV. Bereavement History *(Please attach an extra sheet if you need more space)*

Name of person(s) who died:

Relationship(s) to child: Was the deceased a primary caregiver of the child? Yes No

Date(s) of Death: Age of child at time of death(s):

What was the cause of death(s)?

Was the deceased receiving hospice services? Yes (specify hospice name): No

Where did the person die? (e.g., home, hospital)?

Was the death anticipated? Yes No

Did the child live with the deceased at the time of death? Yes No

Was the child present at the time of death? Yes No

Did the child see the deceased after the death? Yes No

Would you or the child describe the cause/type of death as traumatic? Yes No

Has the child experienced any other death(s)? Yes No

If yes, please comment on other deaths the child has experienced:

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

If yes, what were the child's reactions to/comments about the service?

Did the child have an opportunity to say goodbye to the person before the death? Yes No

Please provide more detail if applicable:

Do you and the child talk about the deceased? Yes No

If yes, how openly?

Describe the relationship between the child and the deceased (e.g., close, saw on occasion, distant, conflicted):

Please describe how the child has reacted to the death or any indications that they are grieving:

Is there anything we should know about the child's understanding of the death? Yes No

If yes, please describe:

Child's Name:

Check any/all of the following behaviors the child has exhibited in the past 6 months or that are of concern to you:

- | | | |
|-------------------------|---------------------------------------|---------------------------------------|
| Headaches, stomachaches | Unusual/inappropriate sexual behavior | Special fears |
| Intense fears | Behavior problems at school | Causing harm to self |
| Peer difficulties | Suspension or expulsion | Causing harm to others |
| Withdrawal/isolation | Behavior problems at home | Suicidal thoughts/talk |
| Depression | Running away from home | Suicide attempt |
| Destruction of property | Lying | Drug/alcohol/tobacco use |
| Stealing | Intrusive thoughts or images | Anxiety when separated from caregiver |

Ongoing sleep disturbances (e.g., sleep walking, bedwetting, nightmares, other):

Please use this space to provide any additional information for the checked boxes above:

Has the child said or done anything specific recently that has concerned you? Yes No

If yes, please describe:

Have there been other changes/stressors in the child's life? Yes No

If yes, check all that apply:

- | | | | |
|-----------------|-------------|---------------------------------|--------|
| Illness | Remarriage | Loss of Friends | Other: |
| Relocation/Move | Finances | Change in Caregiver | Other: |
| Divorce | Loss of Pet | Change in sleeping arrangements | Other: |

Please describe:

Briefly describe how your child has been impacted by the pandemic:

Has the child received counseling/grief support services before or after the death? Yes No

If yes, what types? (Please check all that apply)

- | | | | | |
|------------------|-----------|-----------------------|--------|--------|
| School Counselor | Therapist | Grief Support Program | Clergy | Other: |
|------------------|-----------|-----------------------|--------|--------|

Is support currently provided? Yes No

Section V. Camp Information *(Please attach an extra sheet if you need more space.)*

Has your child attended grief camp before? Yes – Time/place: No

Have you and the child talked about them coming to Camp Kaleidoscope? Yes No

How does your child feel about coming to camp? Looking forward Unsure Does not want to attend

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

What, if any, concerns does **the child** express?

Child's Name:

Has the child ever:	Spent a night away from home?	Yes	No	Swimming Level:	Beginner
	Attended day camp?	Yes	No		Intermediate
	Attended overnight camp?	Yes	No		Advanced
					Does not swim

List any special interests or hobbies the child has:

What activities or behaviors help the child cope with difficult feelings?

Share about the child's cultural traditions/religious and/or spiritual beliefs valuable to your family during grieving process.

What else should we know to best support the child?

How did you hear about Camp Kaleidoscope? Check all that apply

Hospice Grief Program School Internet Counselor Friend Other:

Section VI. Demographics (optional, does not impact the acceptance process)

Race/Ethnicity: Check all that apply:

Asian African American American Indian/Alaskan Native Caucasian
 Latino/Hispanic Pacific Islander Other:

Parent/Guardian Signature (must be signed by the legal guardian)

I, the undersigned, certify that I am the legal guardian of _____ [child's name] and that all information provided in this document is true to the best of my knowledge.

Parent/Guardian Signature

Date

Relationship to Camper:

Please return to: **Whatcom Hospice**
Attn: Camp Kaleidoscope
 2800 Douglas Avenue
 Bellingham, WA 98225

Lulu Verneuil, Camp Clinical Coordinator
Email: lverneuil@peacehealth.org
Phone: (360) 733-5877
Fax: (360) 788-6884

Whatcom Hospice complies with Title VI of the Civil Rights Act, the Age Discrimination Act of 1975 as amended, and Section 504 of the Rehabilitation Act. Whatcom Hospice does not discriminate with regard to race, color, religion, creed, national origin, age, sex, marital status or the presence of any sensory, mental or physical handicap, or ability to pay.