CAMP MOLLY CAMPER APPLICATION

Camper Info

Camper's Name: _____

Name for Camper's Badge: _____

Camper's Pronouns: He/Him She/Her They/Them Other: _____

Camper's Sex Assigned at Birth: _____

Camper's Gender Identity: Male Female Non-Binary Other: _____

- *Cabins will be assigned based on gender identity*

Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian's Name: _____

Home Address: _____

City State Zip: _____

Phone: _____ Email Address: _____

Emergency Contacts other than listed above (must have 2):

1. Name: _____

   Relationship: _____

   Primary Phone: _____

   Secondary Phone: _____

2. Name: _____

   Relationship: _____

   Primary Phone: _____

   Secondary Phone: _____

Has your child ever attended sleep away camp? _____

Does your child want to attend Camp Molly? Yes No Maybe

How did you hear about Camp Molly? _____

Child/ Teen T-shirt Size: Youth: XS S M L XL

Adult: S M L XL XXL

Bereavement History:

Name of the person who died: _____ Age: _____

Relationship to the Child: _____ Age of the Camper at time of death: _____

How did the person die? _____

Does your child understand what happened to their sibling? _____

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

Was your child present for the funeral or memorial service? Yes No

If so how did they respond?

_____

_____

Does your child have a spiritual or religious preference? _____

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

Did your child receive bereavement counseling? Yes No

Has your child received mental health counseling? Yes No

Has he/she been diagnosed with any specific disorders? Yes No

If so, please list: _____

Has the family received counseling? Yes No

Has your child experienced any other deaths? Yes No

Comment:

_____

_____

Please describe how your child shows that he/she is grieving:

_____

_____

Have there been any other stresses/changes in your child's life (divorce, family illness, relocation, new school)?
Yes No

Comment:

_____

_____

Has your child said or done anything recently that concerns you? Yes No

Comment:

_____

_____

Does your child ever have a problem with bed wetting? Yes No

Comment:

_____

_____

Does your child have dietary restrictions? Yes No

_____

_____

Is there anything else we should know about your child to be able to better accommodate them at camp?

_____

_____

_____

Parent/Guardian Signature: Date:

_____ _____

Parent Questionnaire:

Campers Name: _____

Please check any behaviors/ issues that your child may be exhibiting or that you are concerned about.

Behaviors	Yes, before the death	Yes, this is a concern now	Not at this time
Sleep disturbances			
Nightmares			
Anxiety			
Behavior problems at home			
Behavior problems at school			
Running away from home			
Specific fears			
Caused harm to self			
Caused harm to others			
Showing signs of behaviors younger than their age			
Stealing			
Lying			
Destruction of property			
Drug/alcohol use			
Discussed suicide			
Attempted suicide			
Unusual/inappropriate sexual behavior			
Increased physical illness			
Isolates self from others			
Spends excessive amounts of time alone			
Separation Anxiety			
Intense Anger			
Involvement in legal and/or law enforcement system			

Parent Questionnaire continued:

Please use the space below to explain further about the questions marked with **YES** on the previous page.

CAMP MOLLY MAIL

MAIL'S HERE

At Camp, we find that our campers thrive on encouragement. The section below provides a place for you to write a note to your child attending camp to receive as a special surprise throughout the weekend. Please fill out the below portion and return it with your child's application!

Thank you!

Camp Staff

Camp Molly Mail:

To:

From:

Please return all required forms as well as a picture of the sibling we will be remembering at camp to:

By Mail to:

Camp Molly/Bereavement Services
Partners in Advanced Care Team
Nemours Children's Hospital, Delaware
1600 Rockland Road, GD45
Wilmington, DE 19803

By Email:

Camp_molly@nemours.org

By Fax:

302-298-7470

Questions:

302-651-4863

Our camp director will contact you once the full application is received to make sure Camp Molly will be a good fit for your child.