



CAMP GREY DOVE 2017

An overnight summer camp for siblings of children diagnosed with cancer.

CAMP APPLICATION

Monday, June 12th – Friday, June 16th

Peaceable Kingdom Retreat Center (PKRC) for Children, Killeen, TX

Application deadline: **Friday, April 21, 2017**

Applications must be received by this date, not simply postmarked.

Our Purpose: When a child is diagnosed with cancer, the whole family is affected. Siblings may experience feelings of sadness, jealousy, or guilt. *Camp Grey Dove* gives siblings a chance to process these emotions and learn coping skills, while fostering fun and friendship in a summer camp setting. The camp will be held at Peaceable Kingdom Retreat Center (PKRC) for Children in Killeen, Texas.

Website: <https://www.varietytexas.org/vpkrc/>

Please note:

- Priority will be given to first-time campers and bereaved.
- Space is limited. **Do not wait to submit your application.**
- Once the camp has reached capacity, we will start a waiting list.
- Any Baby Can staff will notify you of camper registration acceptance or waitlist status by mail or email.
- Once accepted, you will receive additional information and registration forms to complete.

Applicant Eligibility

If you meet **all** of these criteria, you are eligible to apply for Camp Grey Dove 2017

- You are between the ages of 7-14 as of June 1, 2017 (age limits are firm)
- Your brother or sister has/had cancer

Not eligible to be a camper? Check your eligibility to be a Counselor-in-Training (CIT)

- You are between the ages of 15-17 as of June 1, 2017 (age limits are firm)
- Your brother or sister has/had cancer

If you meet **all** of these criteria, you are eligible to apply as a Counselor-in-Training (CIT). Contact Allison Bautista to request an application. Please note that being a CIT is a leadership opportunity that requires maturity and responsibility.

If you have questions or need more copies of the application, please contact Allison Bautista at (512) 610-3596 or AllisonB@anybabycan.org

Application Instructions

- PARENT/GUARDIAN MUST FILL OUT ALL FORMS COMPLETELY. Your child's application will not be considered if received late or incomplete. Documents to be submitted are:

Camper Application and Information

Medical Information

Immunization Record

Pre-Camp Survey

- Use N/A (Non-Applicable) in fields that do not apply to you
- Submit completed application by Friday, April 21.
- Ways to submit:
 - Email to AllisonB@anybabycan.org
 - Fax to 512.477.9205, Attention: Allison Bautista
 - Mail to:

Any Baby Can Candlelighters Childhood Cancer Program
ATTN: Allison Bautista
6207 Sheridan Ave.
Austin, TX 78723

If mailing please note: your application must be received by our office by 5:00pm on April 21, not simply postmarked by that date.

Camper Application and Information

Camper's Name _____ Preferred Name _____

Date of Birth _____ Age (as of June 1, 2017) _____ Gender _____

T-shirt Size (please circle one) Youth size: S M L Adult size: S M L

All about me!

In one word, I am...

The thing that makes me most nervous about camp is...

The thing that excites me most about camp is...

One thing you have to know about me is...

Parent or Guardian Name _____ Relation to Camper _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

An email address is **required** for signing camp releases. Please contact Allison Bautista if you do not have an email address.

Emergency Contact Person _____ Relation to Camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

Our staff and cabin counselors want to make the time together with your child the best experience possible. Please assist us by completing the following questionnaire.

Are you a current or former Any Baby Can client? Yes No

This is my child's first year attending Camp Grey Dove: Yes No

If your child has attended Camp Grey Dove in previous years, please list which years: _____

Do you expect your child to be homesick? Yes No

What is your child's swimming ability? Beginner Intermediate Advanced

Does your child have a history of the following? (check all that apply)

Bed wetting Sleepwalking

Have there been any recent changes/stress in your child's life that would be helpful for us to know about?

Yes No

If yes, please explain: _____

Does your child have any specific diet or eating needs? (please specify)

Is there anything else you would like to tell us about your child?

Medical Information

Camper's name _____

Date of Birth _____

Emergency contact _____

Phone number _____

Allergies and Restrictions

Food	Reaction		Medicine	Reaction		Other	Reaction

Current Medicines Prescription and non-prescription. You must send a one-week supply to camp with your child. Please clearly label each medication with child's name and any special instructions.

Medication	Dosage	Time Administered	Other Info (e.g. with food)

Does your child require any special medical equipment? (please specify)

Does your child have special mobility considerations?

Does your child have any special medical conditions that Camp Grey Dove needs to know about?

Health Plan/Insurance _____ ID Number _____

Policy Holder _____ Policy Holder Date of Birth _____

Name of Physician _____ Physician Phone Number _____

A copy of your child's current immunization record is required for camp attendance. No child will be allowed to stay at camp without this record. Be sure to attach a copy to this application.

Information about sibling who has/had cancer:

Sibling's name _____ Sibling's Age _____

Diagnosis _____ Date of Diagnosis _____

Sibling is currently: On-treatment Off-treatment

Brief description of sibling's current medical needs and treatments

If the camper's sibling is deceased, what is the anniversary date? _____