



# CAMP GREY DOVE 2019

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

## CAMP APPLICATION

Monday, June 10<sup>th</sup> – Friday, June 14<sup>th</sup>

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

Application deadline: **Friday, May 3, 2019**

Applications must be **received** by this date.

**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 and bereaved campers
- 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
- Once accepted, you will receive additional information and registration forms to complete.

## Applicant Eligibility

If your child meets **all** these criteria, they are eligible to apply for Camp Grey Dove 2019

- Your child is between the ages of 7-14 as of June 1, 2019 (age limits are firm)
- Your child has a brother or sister who has/had cancer

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

- Your child is between the ages of 15-17 as of June 1, 2019 (age limits are firm)
- Your child has a brother or sister who has/had cancer

If your child meets **all** these criteria, they are eligible to apply as a Counselor-in-Training (CIT). Contact Lauren Hodges 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 Lauren Hodges at (512) 608-2395 or [lauren.hodges@anybabycan.org](mailto:lauren.hodges@anybabycan.org)

There is no cost to families to attend Camp Grey Dove. However, campers are required to bring some supplies, like bedsheets and a towel. A packing list will be provided. If you are unable to purchase supplies for camp, please contact Any Baby Can. Financial assistance may be available.

## 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 Medical Information**

**Immunization Record**

**Pre-Camp Survey**

- Submit completed application by Friday, May 3. Ways to submit:
  - Email to [lauren.hodges@anybabycan.org](mailto:lauren.hodges@anybabycan.org)
  - Fax to 512.477.9205, Attention: Lauren Hodges
  - Mail to:
    - Any Baby Can Candlelighters Childhood Cancer Program
    - ATTN: Lauren Hodges
    - 6207 Sheridan Ave.
    - Austin, TX 78723

**If mailing please note:** your application must be received by our office by 5:00pm on May 3, not simply postmarked by that date.

# Camper Application and Information

Camper's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of June 1, 2019) \_\_\_\_\_ Gender \_\_\_\_\_

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

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## 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...

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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 Lauren Hodges if you do not have an email address.

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Emergency Contact Person \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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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

Is this your child's first year attending Camp Grey Dove?  Yes  No

If your child has attended Camp Grey Dove in previous years, please list which year(s): \_\_\_\_\_

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 or behavioral 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? \_\_\_\_\_

## Pre-Camp Survey: Parents

We are interested in your opinion about your child.

Please circle a response for each of the following statements.

Child's Name: _____ My Child:	☹	☹	☺	☺
Has an easy time making friends with the other children	Strongly Disagree	Disagree	Agree	Strongly Agree
Is courageous	Strongly Disagree	Disagree	Agree	Strongly Agree
Is comfortable making new friends	Strongly Disagree	Disagree	Agree	Strongly Agree
Feels good about himself/herself	Strongly Disagree	Disagree	Agree	Strongly Agree
Keeps in touch with other kids he/she met at camp	Strongly Disagree	Disagree	Agree	Strongly Agree
Is comfortable discussing the sibling's illness with others	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to try new things that he/she would not normally do	Strongly Disagree	Disagree	Agree	Strongly Agree
Is comfortable expressing feelings to others	Strongly Disagree	Disagree	Agree	Strongly Agree
Understands their sibling's condition	Strongly Disagree	Disagree	Agree	Strongly Agree
Requires little attention	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to get involved in activities	Strongly Disagree	Disagree	Agree	Strongly Agree
Interacts favorably with their siblings	Strongly Disagree	Disagree	Agree	Strongly Agree
Prefers being with other kids who understand him/her	Strongly Disagree	Disagree	Agree	Strongly Agree
Deals well with our situation at home	Strongly Disagree	Disagree	Agree	Strongly Agree
Often feels left out of what is happening	Strongly Disagree	Disagree	Agree	Strongly Agree
Comes to me for advice when needed	Strongly Disagree	Disagree	Agree	Strongly Agree
Goes to friends for advice when needed	Strongly Disagree	Disagree	Agree	Strongly Agree
Has caring friends	Strongly Disagree	Disagree	Agree	Strongly Agree
Has caring family support	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to share feelings with family	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to share feeling with friends	Strongly Disagree	Disagree	Agree	Strongly Agree
Is willing to tell other adults about his/her feelings	Strongly Disagree	Disagree	Agree	Strongly Agree

How do you think your child will benefit from camp?

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