CAMP GREY DOVE 2020

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

CAMP APPLICATION

Monday, June 8th – Friday, June 12th

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

Application deadline: Friday, May 1, 2020

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 2020

- Your child is between the ages of 7-14 as of June 1, 2020 (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, 2020 (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 Jade Santiago 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 Jade Santiago at (512) 608-2395 or jade.santiago@anybabycan.org

There is no cost to families to attend Camp Grey Dove. However, campers are required to bring some supplies, like bed sheets 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 1. Ways to submit:
  - Email to jade.santiago@anybabycan.org
  - Fax to 512.477.9205, Attention: Jade Santiago
  - Mail to:
    Any Baby Can Candlelighters Childhood Cancer Program
    ATTN: Jade Santiago
    6207 Sheridan Ave.
    Austin, TX 78723

  If mailing please note: your application must be received by our office by 5:00pm on May 1, not simply postmarked by that date.
Camper Application and Information

Camper’s Name ___________________________ Preferred Name ___________________________
Date of Birth ____________________ Age (as of June 1, 2020) ______ 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 Lauren Hodges 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

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

<table>
<thead>
<tr>
<th>Food</th>
<th>Reaction</th>
<th>Medicine</th>
<th>Reaction</th>
<th>Other</th>
<th>Reaction</th>
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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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time Administered</th>
<th>Other Info (e.g. with food)</th>
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<tbody>
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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.

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

How do you think your child will benefit from camp?
_____________________________________________________________________________________________