



CAMP GREY DOVE 2022

Monday, June 6 – Friday, June 10

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

An overnight summer camp for children who have been diagnosed with cancer and their siblings, or who have lost a sibling to cancer.

CAMP APPLICATION

Application deadline: Monday, May 16, 2022

Space is limited. Don't wait to submit your application.

When a child is diagnosed with cancer, the whole family is affected. The child and their siblings may experience feelings of sadness, jealousy or guilt. Camp Grey Dove gives children 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.

Learn more at anybabycan.org/camp or email us at campgreydove@anybabycan.org.

Applicant Eligibility

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

If your child meets **all** the criteria listed below, they are eligible to apply for Camp Grey Dove.

- Your child is between the ages of 7 and 14 as of June 6, 2022 (no exceptions).
- Your child has a diagnosis of cancer or your child has a brother or sister who has/had cancer.

Not eligible to be a camper? Your child may be eligible to be a Counselor-in-Training (CIT).

If your child meets the criteria listed below, they are eligible to apply as a Counselor-in-Training (CIT). Contact Jade Santiago to request an application: at (512) 608-2395 or campgreydove@anybabycan.org. Please note that being a CIT is a leadership opportunity that requires maturity and responsibility.

- Your child is between the ages of 15 and 17 as of June 6, 2022 (no exceptions).
- Your brother or sister has/had cancer.

There's 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

- **The parent or guardian must fill out all forms completely.** Your child's application will not be considered if it's received late or incomplete.
- **The documents listed below must be submitted with your application.**
 - Camper Application and Medical Information
 - Immunization Record
 - Pre-camp Survey
- **Completed applications are due by 5 pm on Monday, May 16, 2022.** Ways to submit:
 - Email to campgreydove@anybabycan.org
 - Fax to 512.477.9205, Attention: Jade Santiago
 - Mail to:
 - Any Baby Can
 - Candlelighters Program
 - ATTN: Jade Santiago
 - 6207 Sheridan Ave.
 - Austin, TX 78723

If mailing please note that your application must be received by our office by 5 pm on Monday, May 16, 2022, not simply postmarked by that date.

Questions? Contact Jade Santiago at (512) 608-2395 or campgreydove@anybabycan.org.

Camper Application and Information

Camper's Name _____ Preferred Name _____

Date of Birth _____ Age (as of June 1, 2022) _____ 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** to sign camp releases. Contact Jade Santiago at 512-608-2395 if you don't have an email.

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

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 we need 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 the child who has been diagnosed with cancer:

Name _____ Age _____

Diagnosis _____ Date of Diagnosis _____

Child with cancer diagnosis is currently: On-treatment Off-treatment

Brief description of current medical needs and treatments: _____

If the child is deceased, what is the anniversary date? _____

Pre-Camp Survey: Parents

We're 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?
