



# CAMP GREY DOVE 2024

Saturday, June 29 –Monday, July 1

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

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

## CAMP APPLICATION

**Application deadline: Monday, May 1, 2024.**

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

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/>

Learn more at [anybabycan.org/camp](https://anybabycan.org/camp) or email us at [campgreydove@anybabycan.org](mailto: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 28, 2024 (no exceptions).
- 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 Desiree Medina to request an application: at (512) 230-6712 or [campgreydove@anybabycan.org](mailto: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 28, 2024 (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 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

- **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 1, 2024.** Ways to submit:
  - Email to [campgreydove@anybabycan.org](mailto:campgreydove@anybabycan.org)
  - Fax to 512.477.9205, Attention: Desiree Medina
  - Mail to:
    - Any Baby Can
    - CARE Program
    - ATTN: Desiree Medina
    - 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 1<sup>st</sup>, 2024, not simply postmarked by that date.

**Questions?** Contact Desiree Medina at (512) 230-6712 or [campgreydove@anybabycan.org](mailto:campgreydove@anybabycan.org).

# Camper Application and Information

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

Date of Birth \_\_\_\_\_ Age (as of July 1st, 2023) \_\_\_\_\_ 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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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

An email address is **required** to sign camp releases. Contact Desiree Medina at 512-230-6712 if you don't have an email.

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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?

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## 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 the 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?

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