



Dear Camper Family,

Thanks for your interest in Camp Erin®-King County! This year's camp will be held at Camp River Ranch in Carnation, Washington, from **Friday, August 24**, through **Sunday, August 26**.

Please complete the enclosed application and return it to our office as soon as possible, as space at camp is limited and applicants are considered on a first-come basis. Also, please note that preference is given to campers who have not attended Camp Erin before. (We do maintain a waiting list for applicants whose applications were received after all spots were filled, or who have attended camp before, and we often accept applicants on this waiting list during the month before camp.)

Please mail your application to: **Providence Hospice of Seattle**
Attn: Camp Erin Coordinator
425 Pontius Ave. N, Suite 300
Seattle, WA 98109

Once we have received and reviewed your application, we will contact you concerning a potential interview with you and your child.

I've included a list of "frequently asked questions" on the back of this letter to help address some basic questions you may have. You are also welcome to contact me by phone at 206-749-7689, or via e-mail at christopher.olson@providence.org, if you have additional questions or concerns.

Thanks again for your interest. We look forward to meeting you!

Sincerely,

Chris Olson

Chris Olson
Camp Erin Coordinator
206-749-7689
christopher.olson@providence.org

Please see reverse side for more information about Camp Erin®-King County.

Camp Erin®-King County 2012

Frequently Asked Questions

What is Camp Erin?

Camp Erin is a three-day overnight camp for kids and teens, ages 5 to 17, who have experienced the death of a loved one. At Camp Erin, kids have an opportunity to be around other kids who have experienced similar losses. They participate in fun, traditional camp activities (swimming, kayaking and canoeing, arts and crafts, games, field sports, and more), as well as activities designed to help them understand and process their grief.

Is there a separate camp for teens?

Yes. While on the same weekend as the Kids Camp forty teens participate in a separate program, in a different area of the camp site. The activities are developed for their-age level.

Who facilitates Camp Erin?

Camp Erin®-King County is facilitated by professional staff from Providence Hospice of Seattle's Safe Crossings children's grief program, as well as by trained volunteers. Clinical support staff members are present throughout camp to help facilitate activities and support campers. A registered nurse is also present throughout camp.

Parents/guardians and registered campers will meet Camp Erin staff and volunteers at a pre-camp information session in Seattle a few weeks before camp. (You will receive more information about this meeting once your camper is accepted.)

Do we need to pay to attend Camp Erin?

No. Camp Erin®-King County is offered free of charge to kids and teens throughout King County. (Camp Erin®-King County is funded by Providence Hospice of Seattle Foundation, Safe Crossings Foundation, and The Moyer Foundation.)

Where will my child stay at camp?

While at camp, your child will sleep in a rustic cabin with campers of the same age and gender. Specially trained volunteers (called *Big Buddies*) will guide and support the campers through the weekend's activities. Each cabin generally includes four campers and two Big Buddies.

Can I volunteer at camp?

Family members, guardians, and caregivers cannot volunteer at camp during the same year that their child is a camper.

IMPORTANT DATES:

Camp Erin®-King County: Friday, 8/24 (afternoon) through Sunday, 8/26 (afternoon)

2012 CAMP ERIN[®]-KING COUNTY Camper Application



Camp Erin[®]-King County is an annual weekend camp for kids and teens (ages 5-17) who are grieving the death of a loved one. For more information, please call 206-749-7689, or go to www.providence.org/camperinkc.

CAMPER INFORMATION (FILL OUT A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

CAMPER'S name: _____

Camper prefers to be called: _____ **Sex:** Male Female

Age: _____ **Date of birth (MM/DD/YYYY):** _____ **Grade:** _____

Race/Ethnicity (We use this information to gather demographic statistics. Check all that apply.): African African-American
 American Indian or Native Alaskan Asian Caucasian Latino Native Hawaiian or Other Pacific Islander
 Multi-Racial Other: _____

School name: _____

Siblings (list names/ages): _____

PARENT/GUARDIAN: _____ **Relationship to camper:** _____

Mailing address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: Day: (____) _____ **Eve:** (____) _____ **Cell:** (____) _____

E-mail address: _____

What is the best time/way to reach you? (E.g., Afternoon/e-mail): _____

If you plan to move before camp please specify how to contact you: _____

EMERGENCY CONTACTS: Please list two people other than you to contact in case of emergency at camp:

Emergency contact #1 name: _____ **Relationship to camper:** _____

Phone: Day: (____) _____ **Eve:** (____) _____ **Cell:** (____) _____

Emergency contact #2 name: _____ **Relationship to camper:** _____

Phone: Day: (____) _____ **Eve:** (____) _____ **Cell:** (____) _____

Has camper attended Camp Erin before? Yes (specify year/ location): _____ No

Has camper been involved with the Safe Crossings program before? Yes No

Would you like to receive mailings about Safe Crossings events and services? Yes No

(Safe Crossings is Providence Hospice of Seattle's children's grief program. Mailings would continue for 2 years from the start of camp.)

How did you hear about Camp Erin (check all that apply)?

Providence Hospice of Seattle Safe Crossings School Web Advertisement Other (specify): _____

BEREAVEMENT HISTORY (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Name(s) of person(s) who died: _____

Relationship(s) to child: _____

Date(s) of death: _____ Age(s) of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? Yes No

Had the deceased received hospice services? Yes (specify Hospice Name): _____ No

Was the child present at the time of death? Yes No

Did the child see the deceased after the death? Yes No

Did the child attend the funeral/memorial service? Yes No

If yes, what were your child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? Yes No

Did the child receive counseling/grief support services before or after the death? Yes No

Was the school counselor notified that the child experienced a loss? Yes No

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

Describe how the child indicates that he/she is grieving. _____

Has the child exhibited any of the following behaviors since the death? (Check all that apply.)

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Special fears | <input type="checkbox"/> Lying | <input type="checkbox"/> Stealing | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Regression | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Harmed others | <input type="checkbox"/> Behavior problems (home) | <input type="checkbox"/> Behavior problems (school) | |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Unusual/inappropriate sexual behavior | | | |

Has the child experienced any other deaths? Yes No

If yes, please specify the deaths and describe the impact on the child: _____

Describe any other changes/stresses in the child's life (e.g., divorce, illness, moving).

Has the child said or done anything recently that has concerned you? Yes No

If yes, please specify: _____

CAMP INFORMATION (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Have you and the child talked about him/her coming to Camp Erin? Yes No

What, if any, concerns do you have about the child coming to camp? _____

What, if any, concerns does the child express? _____

Has the child ever:

Spent a night away from home? Yes No

Attended day camp? Yes No

Attended overnight camp? Yes No

Been in a canoe? Yes No

Been in a kayak? Yes No

Swimming level: Beginner Intermediate Advanced Does not swim

List any special interests or hobbies the child has: _____

List any dietary restrictions or food allergies the child has (e.g., vegetarian, lactose intolerant, peanut allergy):

List any special medical needs or physical challenges the child has (e.g., asthma, diabetes, mobility issues):

T-shirt size (check one): Child S Child M Child L Adult S Adult M Adult L Adult XL Adult 2X Adult 3X

Is there anything we should know about the child's religious beliefs or faith practice? _____

Is there anything else we should know to better serve the child? _____

SIGNATURE: _____ **DATE:** _____

RELATIONSHIP TO CAMPER : _____

PLEASE RETURN TO: Providence Hospice of Seattle
Attn: Camp Erin
425 Pontius Avenue North, Suite 300
Seattle, WA 98109

E-mail: christopher.olson@providence.org
Phone: 206-749-7689

Providence Hospice of Seattle complies with Title VI of the Civil Rights Act, the Age Discrimination Act of 1975 as amended, and Section 504 of the Rehabilitation Act. Providence Hospice of Seattle does not discriminate with regard to race, color, religion, creed, national origin, age, sex, marital status or the presence of any sensory, mental or physical handicap, or ability to pay.

OFFICE USE ONLY: Date received: _____ Reviewed by: _____