



**The Center for
Loss and Bereavement**

Camp Millie
Summer Camp Registration Form

Child's Name: _____ Sex: _____

Current School Grade: _____ Age: _____ Birthdate: _____

Circle Tee Shirt Size: Youth Sm(6-8) Y Med(10-12) Y Lrg(14-16) Y XL(18-20) Adult S M L XL

Child's Name: _____ Sex: _____

Current School Grade: _____ Age: _____ Birthdate: _____

Circle Tee Shirt Size: Youth Sm(6-8) Y Med(10-12) Y Lrg(14-16) Y XL(18-20) Adult S M L XL

Child's Name: _____ Sex: _____

Current School Grade: _____ Age: _____ Birthdate: _____

Circle Tee Shirt Size: Youth Sm(6-8) Y Med(10-12) Y Lrg(14-16) Y XL(18-20) Adult S M L XL

Child's Name: _____ Sex: _____

Current School Grade: _____ Age: _____ Birthdate: _____

Circle Tee Shirt Size: Youth Sm(6-8) Y Med(10-12) Y Lrg(14-16) Y XL(18-20) Adult S M L XL

Parent/Legal Guardian Name(s): _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Names of others living in home:

Relationship to children:

Persons to contact during Camp in the Event of an Emergency (list two)

Name:

Phone:

Relationship:

1. _____

2. _____

Person to contact during Camp in the event of an emergency with Parent/Guardian or Transportation Provider:

1. _____

List any medical concerns, allergies, and physical restrictions for each child:

Bereavement History

Please be as specific as possible. Attach additional pages if needed.

Name of the person who died and relationship to children: _____

Date of death: _____ Age of deceased at time of death: _____

Age of children at time of death: ____/____/____/____/____

How did this person die? _____

Were your children present at the time of death? No Yes *Please explain.* _____

Did your children attend the funeral/memorial service? No Yes If yes, what were their reactions or comments about the service? _____

Have your children received any professional support (i.e. school counselor, peer support group, psychologist, psychiatrist)

No Yes - *Please explain* _____

Are your children currently taking any medication? No Yes - *Please explain.* _____

Please explain how each of your children indicates their grief: _____

What are you hoping each child will experience by participating in Camp Millie? _____

Loss History: Please list any other significant deaths/losses/changes (family members, friends, pets, divorce, moving, school or job transition, illness etc.) in your family's life along with the indicated information.

Situation/ relationship

What happened

Date of situation

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please share any additional information about your children that would be helpful for us to know.

Medical Release

In the event of a medical emergency, I give permission to the staff of the **Center for Loss and Bereavement** to call 911. I also give my permission to the staff to administer first aid for minor cuts and bruises.

Signature: _____ Date: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: Name _____

Relationship to Child _____

Address _____

Phone: _____

Transportation Release

Daily transportation of campers to and from **Camp Millie** is solely the responsibility of the parent/guardian. No staff or volunteers from the **Center for Loss and Bereavement** are permitted to transport campers. In the event that the parent/guardian is unable to transport their child to or from camp, please indicate those people who may provide transportation. A child will not be permitted to leave with anyone whose name does not appear on this list.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Late Policy: It is the responsibility of the parent/guardian to ensure that children are picked up from camp on time or a late fee will be imposed. The staff and volunteers are unable to remain at the camp if a lengthy delay occurs and the parent/guardian has not made arrangements to the satisfaction of the Center's Directors.

Photo Release

Please check the box if you **agree** to the following:

- Permission is given for my child(ren) to be included in any photographs that may be taken during **Camp Millie** to be used at the discretion of the **Center for Loss and Bereavement** for purposes relating solely to the work of the *Center*. Examples include use on a camp dvd, our website, in the newsletter, at various activities conducted by the *Center* or given to group participants as keepsakes.

Camp Millie Safety Contract

Parent(s)/Guardian(s): Please read this over with your children and return with the registration form.

1. **The Stop Rule:** If an adult or other camper says “Stop and I mean it”, I agree to stop what I am doing immediately.
2. **The Buddy Rule:** I will always be sure that a Buddy is with me or knows where I am at all times.
3. **The Group Member Rule:** I understand that I need to stay with my group when we are doing scheduled activities.
4. **The Respect Rule:** I promise I will not intentionally hurt anyone or make them feel uncomfortable with my words (put-downs, name calling) or my actions (hitting, shoving). This includes Camp Millie campers and others at the Variety Club.
5. **The Pass Rule:** I understand that if I do not want to participate in an activity or discussion, I can pass, however, I must stay with my group.

I agree that these rules are for my safety and the safety of others at camp and I will follow them to the best of my ability.

Camper Signature _____

Camper Signature _____

Camper Signature _____

Camper Signature _____

Consequences:

Step 1: If I am having a hard time with anything, I understand that my adult Buddy or group leader will try to help me follow the rules.

Step 2: If I cannot follow the rules after help from my Buddy or group leader, the Camp Millie Coordinator will meet with me.

Step 3: If I continue to be unable to follow the rules of Camp Millie, my parent/guardian will be called to pick me up from Camp and I may not be able to return.