



Camp Begin Again

Camper Application

April 30 - May 2, 2010
Central Baptist Youth Camp
in DeLand

Camper Information (one application per child)

Camper's Name (Last, First)

Address

City Zip

(____) _____

Telephone

Age _____ Male _____ Female _____
(Must be between 6 and 17 years)

School _____

Grade _____

School counselor's name: _____

Parent/Legal Guardian Information

Parent/Legal Guardian (full name)

Address

City Zip

Relationship to Child

Home Telephone (____) _____

Work Telephone (____) _____

Emergency contact: _____

Telephone (____) _____

Information for grant/sponsorship purposes: Number of family members _____ Annual family income _____
or check range: 0-\$15,000 \$16,000-30,000 \$31,000-45,000 \$46,000-60,000 \$61,000+

Camp Begin Again is limited to first time campers only. If your child is interested in attending our year round support groups, please call our Daytona Center at 386.258.5100 or our DeLand Center at 386.822.4852 for more information.

Although there will be plenty of time for fun and usual camping activities, "Camp Begin Again" offers a unique opportunity for children to learn ways to express their feelings about the death of someone close to them. There will be time for each camper to share in a grief support group, to learn how others deal with the death of a loved one, and to discover ways to remember their loved one. Please provide the following information to help camp staff work with your camper on his or her specific needs. Use additional paper if needed.

Please describe the loved one(s) who has died in your camper's life:

Name of loved one _____

*Please send a copy of a picture of your loved one to be used in a special memorial ceremony.
Pictures may be picked up at the closing ceremony.*

Relationship to child _____ Date of death (must be within the last 3 years) _____

Illness or circumstances surrounding the death: _____

Was your loved one in The Hospice of Volusia/Flagler program? Yes No

Please describe any important changes which have occurred in your camper's life since the death of the loved one, such as moving to a new home, changing schools, divorce, etc.

Please describe any significant changes or problems in your camper's behavior since the death of the loved one, such as sleeping changes, eating problems, behavior problems, change in school grades or activities, changes in relationships with other family members or friends.

Has your child received counseling? _____ If yes, please give place and date: _____

How did you learn about *Camp BeginAgain*? _____

Registration begins Friday at 5:00 pm and camp ends with a closing ceremony on Sunday at 10:00 am (Everyone is invited to the closing ceremony).

All campers **MUST** be picked up Sunday by 11:00 am.

T-SHIRT SIZE

Adult size: _____ small _____ medium _____ large

CONSENT FOR INFORMATION RELEASE

I, _____, hereby authorize the release of photographs and information of myself/ my child to Halifax Health - Hospice of Volusia/Flagler, its agents, employees, and volunteers for media purposes. This release is expressly intended to release Halifax Health personnel, including volunteers, from liability in the case that any photograph or information is used in Halifax Health - Hospice of Volusia/Flagler-related story. This authorization is on-going and is without limitation or restriction.

Signature of Parent/Guardian/Consenting Person Date Witness Date

Address Witness Date

FEES & AUTHORIZATION

Cost per child is \$100.00. Please make checks or money orders payable to **Camp BeginAgain**. \$ _____ Fee enclosed (*Full or partial sponsorships may be considered after applications are received. No camper will be turned away due to inability to pay.*)

I have read this application and understand the purpose of Camp BeginAgain, and I authorize my child/children to participate. Please sign below and return this form, the medical information form, a copy of a picture of your loved one, and the camp fee before **April 5, 2010.**

Signature of Parent/Legal Guardian Date

Return to: Karen Grant
BeginAgain Children's Grief Center
655 N. Clyde Morris Blvd. Suite A, Daytona Beach, FL 32114
FAX 386.258.9889

If you have questions, concerns, or would like more information, contact Karen Grant
386.258.5100 or
karen.grant@halifax.org

Please feel free to make additional copies of this application