



## 2011 Camper Application

**(Every child planning to attend camp must fill out this application)**

**Child's Name:** \_\_\_\_\_

School Grade for the Fall 2011: \_\_\_\_\_ Age (on August 15, 2011): \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Female: \_\_\_\_\_ Male: \_\_\_\_\_

**Parent/Legal Guardian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell# \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Emergency Contact Available August 15-21, 2011:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Alternate Emergency Contact Available August 15-21, 2011:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name of Child's Physician:** \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

**Name of Child's Dentist:** \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Child's Health Care Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Other Significant Allergies: \_\_\_\_\_

Please list any dietary restrictions (*i.e.*, physician recommended/religious, etc.):

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Please list any medications your child is taking

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Are there any medical conditions we should be aware of?

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**Camp Haze  
Camper Information**

1. Do you like sports? \_\_\_\_\_  
If so what's your favorite sport? \_\_\_\_\_
  
2. Do you like arts and crafts? \_\_\_\_\_  
If so, what type? \_\_\_\_\_
  
3. Do you like music? \_\_\_\_\_  
If so, do you play an instrument? \_\_\_\_\_  
Who's your favorite musical group? \_\_\_\_\_
  
4. Do you like to swim? \_\_\_\_\_  
If so, are you a good swimmer? \_\_\_\_\_
  
5. Have you ever been to sleep away camp / day camp? \_\_\_\_\_  
If so, where? \_\_\_\_\_  
What did you like about camp? \_\_\_\_\_  
What did you dislike? \_\_\_\_\_
  
6. What's your favorite food? \_\_\_\_\_  
What's your least favorite? \_\_\_\_\_
  
7. What do you hope to get out of your Camp Haze experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***You must enclose a current photo of your child below.***

Camp Haze  
**Social/Emotional Profile**

Please include as many details as possible when answering the following questions. We realize some of these questions may be difficult to answer, but we want to be able to provide the best possible care for your children.

- o **Parents or Guardians of returning campers, please answer only the questions that are **shaded** and sign page 6.**
- o **New families** please answer all questions and sign page 6.

1. Who was the person lost and what was the cause? (name) \_\_\_\_\_

2. How was the person related to the child? \_\_\_\_\_

3. Has your child received any professional support (*i.e.*, school counselor, peer support group, psychologist, psychiatrist, pastoral counselor)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. If yes, is support currently being provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Name and Phone number of counselor:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

6. Do you give a member of the Camp Haze staff permission to contact the above counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. If counseling is no longer in progress, how long was the period of support provided?

\_\_\_\_\_

8. How did you as a parent explain to your child the events of the loss ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have there been multiple deaths of loved ones experienced by this child? If yes, please describe the nature of death and the child's relationship to the other person who died.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you discussed attending Camp Haze with your child? If so, what was their reaction to attending Camp?

\_\_\_\_\_

11. Do you or your child have any reservations about being apart for the week of camp?

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12. Please explain how your child indicates that he/she is still grieving. \_\_\_\_\_

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13. Have there been any other changes/stresses in your child's life (i.e. divorce, remarriage, relocation, illness)?

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14. How has your child been functioning in school this year (i.e., regular attendance, getting along with peers)? \_\_\_\_\_

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15. Have there been noticeable behavioral changes in your child this year?

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16. Does your child openly speak of your loved one who was lost? \_\_\_\_\_

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17. Does your child have any sleep problems (i.e., sleep walking, bedwetting, nightmares)?

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18. Please list any additional information that would enable us to provide the best care for your child (i.e., problems with eating, getting along with peers, getting along with family members, physical limitations etc.).

19. How did you learn about the Camp Haze Program?

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Child's T-Shirt Size:

Children \_\_\_\_\_ S (6-8) \_\_\_\_\_ M (10-12) \_\_\_\_\_ L (14-16)  
Adult \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**PLEASE SEND THE APPLICATION TO:**

**CAMP HAZE AT CAMP KENNYBROOK**

**Attn: Maryann**

**633 Saw Mill River Parkway**

**Ardsey, New York 10502**

**If you need to contact us with any questions:**

Call or fax Maryann at:

Phone: 914-693-3037

Fax: 914-693-7678

If you need to speak with Janice Hazelcorn call or e-mail at:

Phone: 1- 908-665-9092 or

E- mail: [janicejgh@live.com](mailto:janicejgh@live.com)

