

CAMP MOLLY CAMPER APPLICATION

Camper Info

Camper's Name: \_\_\_\_\_

Name for Camper's Badge: \_\_\_\_\_

Camper's Pronouns: He/Him She/Her They/Them Other: \_\_\_\_\_

Camper's Sex Assigned at Birth: \_\_\_\_\_

Camper's Gender Identity: Male Female NonBinary Other: \_\_\_\_\_

- Cabins will be assigned based on gender identity

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address \_\_\_\_\_

City/State Zip \_\_\_\_\_

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

Emergency Contacts other than listed above (must have 2):

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone: \_\_\_\_\_



Has the family received counseling  Yes  No

Has your child experienced any other deaths  Yes  No

Comment:

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Please describe how your child ~~that how~~ she is grieving

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Have there been any other stresses/changes in your child's life (divorce, family illness, relocation, new school)  Yes  No

Comment:

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Has your child said or done anything ~~recently~~ recently that you  Yes  No

Comment

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Does your child ever have a problem with bed wetting  Yes  No

Comment:

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Does your child have dietary restrictions?  Yes  No

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Is there anything we should know about your child to be able to better accommodate them at camp?

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Parent/Guardian Signature

Date

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## Parent Questionnaire

Campers Name \_\_\_\_\_

Please check any behaviors/ issues that your child may be exhibiting or that you are concerned about

Behaviors	Yes, before the death	Yes, this is a concern now	Not at this time
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Sleep disturbances



CAMP MOLLY MAIL

MAIL'S HERE

At Camp, we find that our campers thrive on encouragement. The section below provides a place for your child attending camp to receive a surprise throughout the weekend. Please fill out the below portion and return it with your child's application!

Thank you!

Camp Staff

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Camp Molly Mail:

To:

From:

Please return all required forms as well as a picture of the sibling we will be remembering at camp to:

By Mail to:

Camp Molly/Bereavement Services  
Partners in Advanced Care Team  
Nemours Children's Hospital, Delaware  
1600 Rockland Road  
Wilmington, DE 19803