Camp Carousel Application
Sept 16-18, 2022

Must be completed & signed by guardian

Mail to: Camp Carousel, c/o Solace House, 8012 State Line Road, Ste 202, Prairie Village, KS 66208

Primary Guardian Information

1. ____
First Name Last Name

2. ____
Phone Number ☐Cell ☐Home ☐Work

3. ____
Email Address *(Camp communication occurs primarily through email)*

4. ____
Address City State Zip

5. ____
Relationship to Children Applying

6. ____
Emergency Contact Name & Phone Number

ALL L Children and Adults in Family Applying

1. ______________________☐ M ☐ F ☐ N______________________________________
Name (yourself) Age (Sex: male, female, non-binary) Relationship to Deceased

2. ______________________☐ M ☐ F☐ N______________________________________
Name DOB Age Current Grade & School Relationship to Deceased

3. ______________________☐ M ☐ F ☐ N______________________________________
Name DOB Age Current Grade & School Relationship to Deceased

4. ______________________☐ M ☐ F ☐ N______________________________________
Name DOB Age Current Grade & School Relationship to Deceased

5. ______________________☐ M ☐ F☐ N______________________________________
Name DOB Age Current Grade & School Relationship to Deceased

Internal Use Only

_______________ **Date Application Received** **Status:** _______________**Attending Camp**

_______________ **Date Notice Sent** _______________**Does not meet criteria**

_______________**Interview Date** _______________**Cancelled**

_______________**Waivers/Forms Signed & Completed** _______________**Remains on Waiting List**

Please Complete All Information Requested on Form. Questions? Call Solace House at 913-341-0318

Grief History

1. Name of person who died:____
2. Was the deceased a significant caregiver of the camper? ☐ Yes ☐No
3. Date of death:__________________________ Age at death:_____________________
4. Was the deceased active or retired military? ☐ Yes ☐No If yes, what branch:_________________________________
5. Was the deceased on Kansas City Hospice & Palliative Care services? ☐ Yes ☐ No
6. What was the cause of death? ____

   ____
7. Please briefly describe your family's experience during your loved one's illness/death: length of illness, place of death, your

   children's knowledge/awareness of the situation, etc: ____

   ____
8. Was the child present at the time of death? ☐ Yes ☐No 10. Was there a funeral/memorial service? ☐ Yes ☐No
11. If so, did the child attend the funeral memorial services? ☐ Yes ☐No
12. What concerns do you have about you or your children's grief? _______________________________________

    ____
13. How would you describe yours and your child's relationship to the deceased? _____________________________

    ____
14. What do you hope you and your children get out of their experience at Camp Carousel? ______________________

    ____

    ____

Additional

1. Other Life Changes *It is common for grieving families to experience other challenges that make it difficult to cope with grief.* Have you experienced the following?
   ☐ Moves ☐Loss of pet ☐Job Loss ☐Job Change ☐Change of school ☐Divorce/separation
   ☐Other deaths ☐Financial difficulties ☐ Health ☐Other
   Explain:____
2. Has your family received any additional support? *If checked, approximate dates and/or number of sessions and name of*

   therapist or facility please)

   a. ☐Solace House individual or group services ______________________________________
   b. ☐ Play or art therapy for children ____
   c. ☐ Individual counseling ____
   d. ☐ School counseling ____

e. ☐Other ____

3. Religious or spiritual affiliation (optional) ____

4. Ethnicity (optional) ☐White ☐Black or African American ☐ American Indian or Alaska Native
   ☐Asian ☐Native Hawaiian or Other Pacific Islander

5. Does your camper qualify for free or reduced lunch? ☐Yes ☐No

6. Are there any family customs or cultural aspects to your child's grieving that we should be aware of? __________________

   ____

7. Is there anything we should know to better serve you and your child? ____

   ____

   ____

Common Reactions to Grief

Behavioral:

Name(s) of person experiencing problem	When did this symptom begin?	Is this a current symptom?
__________________ ☐ Aggression (Verbal & Physical)	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐Excessively avoids Reminders (people/places/situations)	☐Before the Death ☐After	☐Yes ☐No

Emotional:

	When did this symptom begin?	Is this a current symptom?
__________________ ☐Depressed Mood or Intense Sorrow	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Irritability, Bitterness, Anger or Temper Tantrums	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Easily Startled or Frightened	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Experiencing Disbelief/Emotional Numbness	☐Before the Death ☐After	☐Yes ☐No

Physical:

	When did this symptom begin?	Is this a current symptom?
__________________ ☐Fatigue or Loss of Energy	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐Sleep Disturbance	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐Other	☐Before the Death ☐After	☐Yes ☐No

Relational:

	When did this symptom begin?	Is this a current symptom?
__________________ ☐Parenting Issues/Not Responding to Discipline	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Difficult Peer/Family Relationships	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐Problems at School	☐Before the Death ☐After	☐Yes ☐No

Cognitive:

	When did this symptom begin?	Is this a current symptom?
__________________ ☐ Repeated Distressing Dreams/Flashbacks	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐Constant Thoughts Around the Event of the Death	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐Excessively Avoid Upsetting Thoughts/Memory/Feelings	☐Before the Death ☐After	☐Yes ☐No

Challenges:

	When did this symptom begin?	Is this a current symptom?
__________________ ☐ Substance Use	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Harm to Self or Others	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Repeated Thoughts of Death/Suicide	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Suicide Attempt/Plan	☐Before the Death ☐After	☐Yes ☐No
__________________ ☐ Other	☐Before the Death ☐After	☐Yes ☐No

About You and your child

1. Name Interests/hobbies **t-shirt size (please circle 1 per family member)**
   ____Child S M L XL // Adult S M L XL

   ____ Child S M L XL // Adult S M L XL

   ____ Child S M L XL // Adult S M L XL

   ____ Child S M L XL // Adult S M L XL

   ____ _________________Child S M L XL // Adult S M L XL

2. Has your child ever attended day camp? ☐Yes ☐No
3. Do you or your child have any concerns regarding attending Camp Erin Day Camp? ______________________________

   ____

4. Any additional information about you and your family that would be helpful for us to know? ________________________

   ____

5. Does your family have any of the following dietary restrictions?

   ☐Gluten Free ☐Dairy Free ☐Vegetarian ☐Vegan ☐Other:______

   How many of each dietary restriction will you need? _______

Snacks, treats, and sack lunches will be provided.

Medical

1. Allergies

   a) Child:______________Type of allergy: ___________________ Reaction:_________________ EpiPen ☐Yes ☐No

   b) Child:______________Type of allergy: ___________________ Reaction:_________________ EpiPen ☐Yes ☐No

   c) Child:______________Type of allergy: ___________________ Reaction:_________________ EpiPen ☐Yes ☐No

   d) Child:______________Type of allergy: ___________________ Reaction:_________________ EpiPen ☐Yes ☐No

3. Other health concerns or restrictions we should be aware of: ____

   ____

   ____

4. Date of latest Tetanus shot: ______________________________

5. In case of emergency, we will call contact provided on page 1:

   Child's Physician: _______________________________ Number:_____________________________________

   Additional Emergency Contact: _______________________________ Number:_________________________

There is no cost for families for Camp Carousel. Applications are processed first come first serve and spaces are limited. Early application is recommended.
Please mail completed application to: Camp Carousel, c/o Solace House, 8012 State Line Road, Ste 202, Prairie Village, KS 66208

Once we receive your application, we'll be in touch to schedule a camp interview at Solace House with yourself and your child(ren).

Name (printed): ____

Signature: ____

Relationship to camper: ____

Date of application ____

How did you learn about Camp Carousel? ____