



Camp Stepping Stones Camper Application



CAMPER INFORMATION

Camper's Name: _____
Last First Middle

Preferred name: _____

Age: _____ Date of Birth (YYYY/MM/DD): _____

Gender: Male Female Transgender Non-Binary/Non-Conforming

Ethnicity/Ancestry/Culture/Background: _____

Home Mailing Address: _____

City/Town: _____ Postal Code: _____

Home Community: _____ School: _____

FAMILY INFORMATION

Parents/Guardians Name/s: _____

Relationship To Child: _____

Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Email: _____

Siblings applying for Camp Stepping Stones: Yes No
(each Camper must fill out a separate application)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



BEREAVEMENT HISTORY

The more information you provide, the better we are able to understand and support your child. Please feel free to attach additional information.

- 1. Who is your child grieving? _____
- 2. Relationship to the child: _____
- 3. Date of death: _____ Age of deceased at time of death: _____
- 4. How did this person(s) die? _____
- 5. Does the child know the cause of death? Yes No
If not, what has the child been told? _____
- 6. On a scale of 1 to 10, how comfortable is your child with expressing their grief? _____
- 7. Please explain how the child shows that he/she is grieving: _____

- 8. Has the child received any professional support for grief (i.e. psychologist, psychiatrist, school counselor, support group)? How long was the professional support provided?

- 9. Have there been any other changes/stresses in the child's life? (I.e: divorce, relocation)?

MEDICAL/BEHAVIORAL/PHYSICAL HISTORY

- 10. Please list any mental/emotional struggles that your child may have:

- 11. Behaviors that require one on one support/attention: Yes No
- 12. Please list any physical disabilities/limitations:

- 13. Anything else you'd like us to know?

Please send the completed application to:

campsteppingstones@ierha.ca