



CAMP CATERPILLAR
A Bereavement Day Camp for Children
September 29, 2018

REGISTRATION DEADLINE IS SEPTEMBER 14th 2018

Dear Parents/Guardians, Please help us to get to know your child better by completing both sides of this form. Your information is kept confidential and is only used by Hospice of San Joaquin Bereavement Staff and Volunteers. Please mail to 3888 Pacific Ave. Stockton, CA. 95204 Attention: Bereavement Or fax to # 209-922-0254 Attention: Bereavement.

**MANDATORY PARENT/GUARDIAN MEETING: WEDNESDAY, SEPTEMBER 26TH, 2018
6PM @ HOSPICE OF SAN JOAQUIN, STOCKTON OFFICE.**

Name of Child: _____ **Sex :** M F

Prefers to be called: (This is what will be on your child's nametag at Camp) _____

Address: _____ **CITY** _____ **ZIP:** _____

Date of birth: _____ **Age:** _____ **Siblings/ages:** _____

School: _____ **Grade in Fall '18:** _____

T-Shirt Size (Circle one): Child Sizes: S M L XL or Adult Sizes: S M L XL 2XL _____

Name of Parent/guardian: _____

Who is the child living with? _____

Address (if different from child's) _____

Home Phone: _____ **Alt Phone:** _____

Email Address: _____

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**Where did you hear about our program?** \_\_\_\_\_

**Who died? (Relationship to child):** \_\_\_\_\_ **Name** \_\_\_\_\_

**Date of death:** \_\_\_\_\_ **Cause of death:** \_\_\_\_\_

**Was deceased a Hospice of San Joaquin Patient? (not required for enrollment in Camp)** \_\_\_\_\_

**What do they know about the death (accident, cancer, suicide?)** **(over)**

\_\_\_\_\_  
\_\_\_\_\_

Child's response to death: \_\_\_\_\_

Child's involvement in funeral: \_\_\_\_\_

Have you noticed any changes in your child's behavior since the death in the following areas? If so, please explain.

a. Eating patterns: \_\_\_\_\_

b. Sleeping patterns \_\_\_\_\_

c. Grades at school \_\_\_\_\_

d. Behavior at school \_\_\_\_\_

e. Behavior at home \_\_\_\_\_

f. Increased fear/worries \_\_\_\_\_

g. Other? Since the death, I worry about my child's \_\_\_\_\_

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***No camper may participate in Camp Caterpillar without a completed and Signed permission slip & medical release. Please read carefully and sign:***

*I give permission for my child to participate in Hospice of San Joaquin's Camp Caterpillar on September 29, 2018 at the Central United Methodist Church. I understand that I will be responsible for picking my child up no later than 4pm.*

*During the course of Camp Caterpillar, photographs and video may be taken for use by Hospice of San Joaquin. I give permission for pictures of my child to be utilized as publicity pieces through the media, scrapbooks, and in any way that may assist Hospice of San Joaquin in promoting future bereavement events.*

***Camp Caterpillar will have a registered nurse on duty during the entire day who will care for minor cuts, abrasions, etc. I understand that, in the event that my child requires medical treatment, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Hospice of San Joaquin staff or volunteer to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number that can you be reached while your child is at Camp Caterpillar? \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems or other pertinent information:

\_\_\_\_\_

Camper's Personal Physician Name & Phone: \_\_\_\_\_