



Dear prospective day camp families,

Thank you for applying to Caring Hearts Camp! CHC was first introduced to the province in 1997 when our organization saw the challenges so many families and their children faced when dealing with grief and loss. Over the past 22 years Caring Hearts has had more than 1,600 campers from 92 communities across Saskatchewan pass through this therapeutic program.

The goal of Caring Hearts Day Camp is two-fold: it includes guided therapeutic activities which aim to teach campers how to cope with their grief, and ways to communicate with their loved ones when they need support.

Thanks to Caring Hearts' fundraising and some remarkable partnerships we have formed in our community, Caring Hearts Camp is **FREE** for eligible children to attend. If you were interested in supporting ongoing delivery of CHC, donations are gratefully accepted. All donations over \$20 qualify for a charitable tax receipt and will be directed towards next season's camp as needed.

Camp eligibility requirements:

- **Open to residents of Saskatchewan aged 8 - 16**
- **The camper has suffered a death loss in the past two (2) years**
- **Camp families are responsible for their own transportation to and from Dallas Valley Camp**

Please answer the following questions honestly, as this allows our Camp Director to ensure your child gets the most out of their experience. If you need more space than is offered, feel free to attach an extra page to your application.

Registration forms will be accepted until August 10, 2020 or until we have hit our maximum number of families. Participant families will hear back from the Caring Hearts Camp Director **no later than August 17, 2020**, with whether they have been accepted into the program. **Please note that the final number of children that can be accepted is 15.** To show support for CHC, please spread word to individuals you know who may be interested in volunteering!

If you have any questions, you can contact our team at 306-523-2780 or camp@caringheartssk.ca.

With gratitude,

Shelley Svedahl
Executive Director

Dwayne Yasinowski
Director of Education

Raelyn Lonie
Camp Director



Day Camp Application Form
September 26 or 27, 2020
10:00 am – 4:00 pm
Dallas Valley Camp

*Please fill out and submit an application for each camper. Completed applications can be sent to camp@caringheartssk.ca or dropped off at/mailed to 2310 Smith Street. If you elect to mail your application, call our office so our team is aware and we can notify you once it has been successfully received. **PLEASE PRINT.***

Full Name of Child:	
Please specify your preferred date: September 26 <input type="checkbox"/> or September 27 <input type="checkbox"/>	
Address:	
City:	Postal Code:
How does the child identify? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	
Does the child identify as First Nation, Métis or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Opt Out	
<small>This information will only be used by Caring Hearts, and only for fundraising and reporting purposes. Your child's name, age, or other identifying information will <u>not</u> be released. If you prefer not to answer at this time, please select the 'opt out' box.</small>	
D.O.B (DD/MM/YYYY):	Age:
School:	Grade:
Name of Parent/Legal Guardian:	
Relationship to Child:	
Parent/Guardian #:	Alt #:
Parent/Guardian E-Mail:	
Emergency Contact #1:	
Relationship to Child:	
First E/C #:	Alt #:
Emergency Contact #2:	
Relationship to Child:	
Second E/C #:	Alt #:

Your Loss

Name of the deceased and their relationship to the camper:

Date of their passing:

Age of deceased at time of passing:

Cause of death:

Was he/she living with the child at the time of death? YES / NO

Was the child present at the death? YES / NO

Is the child aware of the circumstances of the death? YES / NO

Did the child attend a funeral/memorial/wake/celebration of life for the deceased? YES / NO

Has the child attended Caring Hearts Camp in the past? YES / NO

If yes, when?

How did you hear about Caring Hearts Camp?

What are the current living arrangements for the child?

Is the child engaging in behaviors that would make it difficult for them to be part of a group?

Please describe any other recent changes/losses/stresses if any, in the child's life (divorce, prolonged illness, relocation, loss of home, witnessed a traumatic event, etc.):

Emotional/Behavioral/Educational Concerns

Does your child exercise or participate in any extracurricular activities? If yes, please elaborate.

Has your child ever been bullied at school? If yes, please provide details.

Is your child socially active or more socially isolated?

Have the child's teachers noticed any behavioral changes at school? And do they struggle in attending school on a regular basis?

Does your child struggle to trust adults?

Camper Health Information

Saskatchewan Health Card Number:

Family Doctor Name or Clinic Name:

Address:

Phone:

Does the child have any medical conditions or mobility needs? (Diabetes, asthma, seizures, hyperactivity, phobias, mobility aid, ventilator, etc.) If yes, please elaborate.

If this child requires a caregiver to assist them due to mobility or medical concerns, please provide the caregivers' name that will be accompanying this child:

Medication required: NONE / AS LISTED BELOW

Name of drug:

Dosage:

Frequency:

Name of drug:

Dosage:

Frequency:

Name of drug:

Dosage:

Frequency:

If your child is on a prescription medication, please bring the medication in either a clearly marked prescription contained or in pharmacy bubble packs.

Does the child have any allergies? (Food, drugs, bee stings, animals, etc.) What is their reaction when exposed (immediate or delayed, hives, asthma, anaphylaxis)?

Does the child have an Epi-Pen? YES / NO

If yes, Date of Expiration:

Date of last tetanus injection:

Your Child's Grief Experience

Is there anything you are concerned about about your child's grief? If yes, please elaborate.

Is your child asking questions about the death? If yes, what are some of his/her questions.

Is there a family belief about "life after death", "heaven" or "reincarnation"? If yes, please elaborate.

Are there any other observations or concerns about your child's grief response you would like to share?



Conditions of Enrollment/Consent
September 12, 2020 Day Camp
1:00 to 4:00 pm Glencairn Rec Centre
Return this form along with application

1. The Caring Hearts Youth Program Director reserves the right to dismiss a child who, in their opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. Should this occur, it will be the parent(s)/guardian(s) responsibility to retrieve the child from the Day Camp. In the event that the Caring Hearts staff are unable to reach the parent(s)/guardian(s) or one of the emergency contacts listed on this form, Child Protective Services will be contacted for further instruction. **The safety of the children, volunteers and staff at Caring Hearts Day Camp is our highest priority.**
2. The parent(s)/guardian(s) submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Camp Director, including a photocopy of the Court Order pertaining to visitation rights.
3. Upon completion of camp, campers will not be released to a parent/guardian that appears to be under the influence of alcohol or drugs or otherwise appears incapable of providing safe care of the child(ren) for safety/security reasons. The parent/guardian may contact another adult to provide safe transportation for themselves and the camper(s). In the event that there is no one available to come get the child, Child Protective Services will be contacted for further instruction.
4. While every precaution shall be taken to ensure the welfare and protection of the campers, Caring Hearts volunteers, staff members, facilitators and board members along with Camp Directors and employees are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
5. In the event that a camper requires special medication, x-ray or treatment beyond that which is possible at camp, the parent(s)/guardian(s) will be notified immediately and will be responsible for any additional expense for additional care or transportation.
6. In the event of a surgical emergency, every effort will be made to contact the parent(s)/guardian(s), followed by the emergency contacts listed on this form. However, if the Camp Director is unable to reach any of these individuals in a reasonable timeline, I give permission to the physician assessing the child named on this form to hospitalize, secure proper treatment for and order injection, anesthesia, and/or surgery as required.

7. I give permission for Caring Hearts to use any photograph my child is in for future promotional and/or educational materials. YES / NO **(Please select one.)**
8. I give permission for Caring Hearts to videotape my child at Day Camp for use for promotional and/or educational materials. YES / NO **(Please select one.)**
9. The parent(s)/guardian(s) hereby agree to reimburse Caring Hearts for any damage caused by the applicant camper.
10. I have read the accompanying material outlining the various camp activities and give permission for my child to take part in these activities.
11. I have read all the material in the application package and I hereby accept the conditions of enrollment.

Child's Name:

Date:

Parent(s)/Legal Guardian(s) Name:

Parent(s)/Legal Guardian(s) Signature:

PLEASE SEND COMPLETED APPLICATION & CONSENT TO:

E-MAIL: camp@caringheartssk.ca

or

**MAIL or DROP OFF: 2310 Smith Street
Regina, SK S4P 2P6**

Applications submitted by e-mail will get an automatic response once it has been successfully received. For applications received through the mail, a Caring Hearts staff member will e-mail or call to confirm it has been received. It is the applicants responsibility to follow up on application status if they do not receive a response.