



Beside you through grief's journey

## Songwriter's Day Camp

For over twenty years, Caring Hearts has been offering a **bi-annual Caring Hearts camp** that helps children develop healthy coping strategies, promoting strong mental health and wellness.

### Moving Forward

We recognize the growing need to support youth in talking about grief. Emotional reactions to traumatic loss such as suicide are intense and often overwhelming. Knowing it's okay to say "I'm not OK" can open the door to begin healing. We recognize that youth who attend our programs will benefit from a continuum of care model, that integrates caregivers, and provides ongoing opportunities to check-in throughout the year.

Our **2020 Vision is a Journey of Hope** to build a stronger foundation of grief support for youth. Building on the success of our biannual camps, we are launching our new youth programming including:

A **four-day Songwriters Camp** aimed to articulating loss in the words of youth ages 14 to 17 who are currently experiencing loss. Up to 12 youth will work with staff at Regina School of Rock the week of August 25 - 28, 2020 at a Day Camp from 10 am to 3 pm. Student musicians will later add music to the lyrics to **give wings to their words**.

Please answer the following questions honestly, as this allows our Camp Directors to ensure your camper gets the most out of their experience at CHC. 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 7, 2020 or until we have hit our maximum number of registrations. Participants will hear back from Caring Hearts **no later than August 7, 2020**, with whether they have been accepted into the program.

If you have any questions, you can contact our team at 306-523-2782 or [camp@caringheartssk.ca](mailto:camp@caringheartssk.ca).  
With gratitude,

**Shelley Svedahl**  
Executive Director

**Dwayne Yasinowski**  
Director of Education

**Raelyn Lonie**  
Youth Program Development



## Songwriter's Camp Application Form

### August 25 - 28, 2020

*Please fill out and submit an application for each camper. Completed applications can be sent to [camp@caringheartssk.ca](mailto: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:	
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	
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.	
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 ☐

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**

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

Is your camper 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 camper struggle to trust adults?

**Camper Health Information**

Saskatchewan Health Card Number:

Family Doctor Name or Clinic Name:

Address:

Phone:

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

Medication required:    NONE ☐ / AS LISTED BELOW ☐

Name of drug:

Dosage:

Frequency:

Name of drug:

Dosage:

Frequency:

Name of drug:

*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 camper have any allergies? What is their reaction when exposed (immediate or delayed, hives, asthma, anaphylaxis)?

Does the camper have an Epi-Pen? YES ☐ / NO ☐

If yes, Date of Expiration:

Date of last tetanus injection:

### **Your Camper's Grief Experience**

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

Is your camper 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 campers grief response you would like to share?



## Conditions of Enrollment/Consent Songwriter's Day Camp 2020

August 25 - 28, 2020

**Return this form along with application**

1. The Caring Hearts Songwriter's Day Camp (CHC) Director and/or School of Rock reserve the right to dismiss a camper 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 camper from CHC. In the event that CHC 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 campers, volunteers and staff at Caring Hearts Songwriter's 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 School of Rock 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 Camp for use for promotional and/or educational materials. YES ☐ / NO ☐ **(Please select one.)**
9. The parent(s)/guardian(s) hereby agree to reimburse School of Rock for any damage caused by the applicant.
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](mailto: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.*