

Camper Registration May 19-20, 2023

Event Date: May 19-20, 2023

Event Location: Confidence Learning Center

Contact us at (218) 838 4316 or campjourneystaff@gmail.com

Campers are responsible for their own transportation to and from Camp

Space is limited and registrations are accepted in the order received. Repeat campers may be considered. Apply early to ensure availability.

* Required

1. Today's Date *

Example: January 7, 2019

2. Camper's First and Last Name *

3. Camper's Preferred Name (if different than above)

4. Has your child attended Camp Journey before? *

Mark only one oval.

Yes

No

5. Camper's Date of Birth *

Example: January 7, 2019

6. Campers Address (including city, state, zip and county) *

7. Camper's Current School and Grade *

8. What is the Camper's Unisex T shirt Size *

Mark only one oval.

- Child Small
- Child Medium
- Child Large
- Adult Small
- Adult Medium
- Adult Large
- Adult Extra Large

Caregiver Information

9. Caregiver/Guardian First and Last Name *

10. Caregiver/Guardian Cell Phone Number *

11. Caregiver/Guardian Phone Number 2 (optional)

12. Caregiver/Guardian Email *

13. Emergency Contact Name and Number *

Camp Journey Information

14. First and Last Name of Person who Died *

15. Relationship of above person to camper *

16. Birthday of person who died *

Example: January 7, 2019

17. Age at time of death *

18. Date of death *

Example: January 7, 2019

19. Cause of Death *

20. Did camper witness death *

Mark only one oval.

Yes

No

21. Did camper live with person who died *

Mark only one oval.

Yes

No

22. Please describe camper's relationship with the person who died *

Household Information

23. Does the camper or your family identify with any religious or spiritual belief system? If yes, please specify. *

24. Specific concerns or pertinent information such as difficulty in school, peer relationships, behaviors or incidents, remarriage or relocation after the death, additional losses, etc. *

25. How did you hear about Camp Journey? *

Mark only one oval.

- Friend/Family
- Family of Past Camper
- School
- Counseling Center
- Other: _____

26. What are your expectations of Camp? *

27. Please describe your child's personality traits *

28. Please share about your child's interests (extracurricular, crafts, music, imagination play, etc). *

29. Are the other children living in your home? *

Mark only one oval.

Yes

No

30. If yes, what are their name(s), age(s) and relationship to camper

31. Has your child been to support groups or counseling related to the death of this person? *

Mark only one oval.

Yes

No

32. Does your child have any health conditions, allergies or medications? *

33. Dietary restrictions *

Check all that apply.

None

Vegetarian

Vegan

Kosher

Gluten-free

Other: _____

34. Anything else that you feel is pertinent for staff to know about your child related to their time at Camp Journey

This content is neither created nor endorsed by Google.

Google Forms