



HARBOR
HOSPICE

Camp Courage 2025

June 20, 21, & 22

Camper Application (Ages 6-14)



****Application deadline is May 1, 2025****

A \$10 non-refundable application fee is due at the parent meeting, which will be held in June.

For printed applications: use the back of the page or attach an extra sheet if needed.

Personal Information

Camper's name: _____ Birthday: _____ Gender: _____

Parent/guardian: _____ Contact number: _____

Mailing address: _____ County: _____

City: _____ State: _____ Zip: _____

Parent's email address: _____

School name: _____ Grade (entering): _____

How did you hear about Camp Courage: _____

Name for camper's name tag: _____

Has camper previously attended Camp Courage: Yes No

Have you (the parent/guardian) ever attended Camp Courage: Yes No

Do you have a relative (sibling, cousin, step siblings, etc.) attending Camp Courage: Yes No

Names & relationships: _____

Camper's t-shirt size: Child-XS Child-S Child-M Child-L Child-XL

Adult-S Adult-M Adult-L Adult-XL Adult-XXL

Camper's favorite color: _____

Camper's interests (ex. soccer, music, painting, etc.): _____

Information About Deceased Loved One

Name of deceased: _____

Relationship to camper: _____

Was deceased a patient of Harbor Hospice? Yes No

Was camper present at death? Yes No

Date of death: _____ Death was: illness-related sudden violent

How did the death occur: _____

What was the camper told about the death? _____

Describe the relationship between the camper and the deceased: _____

Any additional losses: _____

Indicate how often the camper is currently experiencing the following: Rarely or Never Sometimes or Occasionally Frequently or Always

Trouble sleeping at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwillingness to sleep alone in room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwillingness to sleep alone in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal from friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting into trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwillingness to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach aches or nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other physical complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate how often the camper is currently experiencing the following:

Rarely or Never Sometimes or Occasionally Frequently or Always

Talks about hurting self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks about hurting others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to hurt self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to hurt others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger about loved one's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of enjoyment of favorite activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crying without a specific reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to concentrate when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal to talk about deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsession with death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going back to "babyish" behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing constant attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Does the camper want to attend Camp Courage? Yes No

Is the camper comfortable being away from home? Yes No

If the camper is not comfortable being away from home, what usually helps? _____

Camper has fear of: the dark water animals storms being alone

Other fear (describe): _____

Eating habits or issues we should know about : _____

Physical restrictions: _____

Allergies (food, medication, environmental, etc.): _____

Is the camper receiving any professional mental health services? Yes No

If yes, briefly explain: _____

Describe the camper's behavior at home, school, or any other relevant information: _____

Emergency Contact Info

Parents/guardians/emergency contacts must present a state-issued ID/driver's license to pick up the child from camp.

In case of emergency, I authorize Harbor Hospice to allow the following individual to pick my child up from camp:

Name of an adult over the age of 18 who can pick up the child Phone number
in parent/guardian's absence

I attest that the information provided is accurate to the best of my knowledge. I grant permission for Camp Courage directors to contact my child's mental health provider and/or school to verify information and assess eligibility for participation.

Parent/legal guardian - printed name Date

Parent/legal guardian -signature (*If legal guardian, please attach documentation)

Applications can be submitted via mail, email, or fax:

Harbor Hospice
Attn: Camp Courage Director
1050 W. Western Ave., Suite 400

Email: info@HarborHospiceMI.org
Fax: (231) 722-0708

