



Journey of Hope Adoptive Family Camp Application

Please email this application to Pam Shepard at pams@holtsunnyridge.org or mail to our office at the address above.

Parent/Guardian Information:

Name: _____ DOB: _____

Spouse: _____ DOB: _____

<i>Address</i>	<i>City/State/Zip</i>	<i>County</i>
Phone: _____	Email: _____	
Is this cell home other?		

About the Camper:

Name: _____ Age: _____ Grade: _____ DOB: _____

Adopted? Yes No

If Yes:

Type of Adoption? International Domestic When?: _____ From Where?: _____

Type of care prior to adoption (i.e. foster care, orphanage, group home, etc.):

Care Environment 1: _____	<i>Type of Care</i>	<i>Age at Entry</i>	<i>Duration</i>
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Care Environment 2: _____	<i>Type of Care</i>	<i>Age at Entry</i>	<i>Duration</i>
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Care Environment 3: _____	<i>Type of Care</i>	<i>Age at Entry</i>	<i>Duration</i>
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Has your child experienced any of the following:

A difficult pregnancy: Yes No Please Explain: _____

A difficult birth: Yes No Please Explain: _____

Early hospitalization: Yes No Please Explain: _____

Neglect: Yes No Please Explain: _____

Physical abuse: Yes No Please Explain: _____

Sexual abuse: Yes No Please Explain: _____

Loss of primary caregiver: Yes No Please Explain: _____

Other trauma: Yes No Please Explain: _____

Additional Comments: _____

Does your child have siblings? Yes No

Please make sure to fill out pages 4-6 if you are applying for a second child to attend camp.

If Yes:

Name: _____ Age: _____ Grade: _____ DOB: _____

Name: _____ Age: _____ Grade: _____ DOB: _____

Medical Information:

Name of family physician: _____ Phone: _____

Insurance Provider: _____ Group #: _____
(please provide copy of front and back of insurance card)

Does your child currently have or have had any of the following?

- Any medical or physical diagnosis? _____ Yes No
- Any known allergies or food restrictions? _____ Yes No
- Any limiting physical difficulties? _____ Yes No
- Any psychological diagnosis (e.g. ADD/ADHD, Autism, ODD, etc.)? _____ Yes No
- Hospitalizations for a serious injury (e.g. broken bones, head trauma, etc.)? _____ Yes No
- Hospitalizations of significant illness (e.g. pneumonia, asthma, etc.)? _____ Yes No
- Hospitalizations for behavioral or emotional problems? _____ Yes No

If **Yes**, please list here:

Diagnosis

Diagnosis 1: _____
Name Date of Diagnosis Current Medications (if any)

Comments

Diagnosis 2: _____
Name Date of Diagnosis Current Medications (if any)

Comments

Diagnosis 3: _____
Name Date of Diagnosis Current Medications (if any)

Comments

Hospitalizations

Hospitalization 1: _____
Reason Date of Entry Duration of Stay

Comments

Hospitalization 2: _____
Reason Date of Entry Duration of Stay

Comments

Hospitalization 3: _____
Reason Date of Entry Duration of Stay

Comments

Additional Comments about Health?:

Behavior:

Does your child have any of the following difficulties?

- Behavioral Yes No Please Explain: _____
- Emotional Yes No Please Explain: _____

Educational Yes No Please Explain: _____
 Sensory Yes No Please Explain: _____
 Societal Yes No Please Explain: _____
 Additional Comments:

Have you ever worried about the physical safety of your child or others around your child because of the emotional or behavioral difficulties your child may be experiencing? Yes No
 Explain:

Has your child ever harmed or attempted to harm another person, animal, or themselves? Yes No
 Explain:

What are your child's major strengths? What are you child's major difficulties?

Please list three goals that you have for your child during camp.
 1.
 2.
 3.

What are your family's major strengths? What are you family's major difficulties?

What does your family hope to gain from coming to camp?

As parent(s), what are your major strengths? As parent(s), what are your major difficulties?

Please list three goals that you have for yourself during camp.
 1.
 2.
 3.

Camper #2 Info:

Name: _____ Age: _____ Grade: _____ DOB: _____

Adopted? Yes No
 If Yes:

Type of Adoption? International Domestic When?: _____ From Where?: _____

Type of care prior to adoption (i.e. foster care, orphanage, group home, etc.):

Care Environment	Type of Care	Age at Entry	Duration
Care Environment 1:			
Care Environment 2:			
Care Environment 3:			

Has your child experienced any of the following:

- A difficult pregnancy: Yes No Please Explain: _____
- A difficult birth: Yes No Please Explain: _____
- Early hospitalization: Yes No Please Explain: _____
- Neglect: Yes No Please Explain: _____
- Physical abuse: Yes No Please Explain: _____
- Sexual abuse: Yes No Please Explain: _____
- Loss of primary caregiver: Yes No Please Explain: _____
- Other trauma: Yes No Please Explain: _____
- Additional Comments: _____

Medical Information:

Name of family physician: _____ Phone: _____

Insurance Provider: _____ Group #: _____
(please provide copy of front and back of insurance card)

Does your child currently have or have had any of the following?

- Any medical or physical diagnosis? _____ Yes No
- Any known allergies or food restrictions? _____ Yes No
- Any limiting physical difficulties? _____ Yes No
- Any psychological diagnosis (e.g. ADD/ADHD, Autism, ODD, etc.)? _____ Yes No
- Hospitalizations for a serious injury (e.g. broken bones, head trauma, etc.)? _____ Yes No
- Hospitalizations of significant illness (e.g. pneumonia, asthma, etc.)? _____ Yes No
- Hospitalizations for behavioral or emotional problems? _____ Yes No

If **Yes**, please list here:

Diagnosis

Diagnosis 1: _____
Name Date of Diagnosis Current Medications (if any)

Comments

Diagnosis 2: _____
Name Date of Diagnosis Current Medications (if any)

Comments

Diagnosis 3: _____
Name Date of Diagnosis Current Medications (if any)

Comments

Hospitalizations

Hospitalization 1: _____
Reason Date of Entry Duration of Stay

Comments

Hospitalization 2: _____
Reason Date of Entry Duration of Stay

Comments

Hospitalization 3: _____
Reason Date of Entry Duration of Stay

Comments

Additional Comments about Health:

Behavior:

Does your child have any of the following difficulties?

- Behavioral Yes No Please Explain: _____
- Emotional Yes No Please Explain: _____
- Educational Yes No Please Explain: _____
- Sensory Yes No Please Explain: _____
- Societal Yes No Please Explain: _____

Additional Comments: _____

Have you ever worried about the physical safety of your child or others around your child because of the emotional or behavioral difficulties your child may be experiencing? Yes No

Explain: _____

Has your child ever harmed or attempted to harm another person, animal, or themselves? Yes No

Explain: _____

What are your child's major strengths?

What are your child's major difficulties?

Please list three goals that you have for your child during camp.

- 1.
- 2.
- 3.