



April 16, 2008

Dear Parents,

We are very excited to introduce you to Camp Wildflower!

Camp Wildflower is a one-day summer program to be held on Saturday, June 28th for grieving children and their families. The Garden: A Center for Grieving Children and Teens in Northampton is hosting this new program. Camp Wildflower will be held in Huntington, MA at the Camp Norwich facilities. For ten years The Garden has provided bereavement support to families with young children who have experienced the death of a close family member. Through Camp Wildflower, The Garden is offering support during its "off months".

Camp Wildflower is sure to provide a day of summer fun! The day has been carefully planned to provide a safe place for children to share and be supported. All participants will be matched with a screened and trained adult volunteer and will be in small groups with other similarly aged participants where facilitators will lead discussions and activities.

We have a fun day of small and large group activities planned! From small group activities such as a treasure hunt to large group energizer games of feelings tag, participants will be busy and have ample opportunity to enjoy the natural setting of Camp Norwich, the facilities generously donated by the Hampshire Regional YMCA. Finally, the day will end with parents and children participating in a closing meal and commemorative ceremony.

Enclosed you will find the registration materials that need to be completed and returned by June 2. Completed packets can be mailed to:

Shelly Bathe Lenn
c/o The Garden
286 Prospect St.
Northampton, MA 01060

Additionally you will find the packing list for the day, and full schedule of activities.

To meet the Camp Wildflower coordinators and find out more information, please join us at one of the information sessions scheduled on May 8 or May 22nd at 6:30. Meetings are held at the YMCA in Northampton. Or call us at 413 584 7086 ext 124.

Again, we are excited for your interest in Camp Wildflower. We look forward to meeting with you!

Camp Wildflower Coordinators,

Jerry Costello

Shelly Bathe Lenn

Carlos Turriago

CAMP WILDFLOWER REGISTRATION FORM

Please tell us about yourself	
Family Name:	
Adult name (s) :	_____ Male _____ Female
Street Address:	Home phone: Cell phone (s):
City/State/Zip:	Email address:
Are you currently employed outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Your occupation(s): Work phone(s):
Ethnicity (optional): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other	

Some questions about what brought you to Camp Wildflower	
How did you hear about Camp Wildflower?	
What is your reason for coming to Camp Wildflower?	
List those who want to attend Camp Wildflower	
Name	
Age	_____ Male _____ Female
Name	
Age	_____ Male _____ Female
Name	
Age	_____ Male _____ Female
Name	
Age	_____ Male _____ Female

Questions about the person who died			
Full name:	Birth date:	Date of death:	Occupation:
Please describe the causes and circumstances of the death:			
Where did this person die? <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Work <input type="checkbox"/> Other _____			
What was the relationship of this person to you and to the children?			

Please tell us about your family members living in your home (medications, medical conditions only needed for those planning to attend groups)					
Full name:	Age:	DOB:	Medications:	Allergies/medical conditions	Ethnicity (optional)

Family Questions

(Please continue on back if you need more space)

List any recent changes in your lives, such as a move to a new location, a change schools or work situation, divorce, re-marriage?

Family Questions, cont.

(Please continue on back if you need more space)

List other losses has your family experienced within the last few years, such as the loss of other family members, friends, pets, etc. and when?

Is the child(ren) seeing a counselor or participating in any other support group? If so, specify what kind of help, who is receiving it and the general concerns that bring you to a counselor.

Camper Questions

List your child's strengths, challenges and interests (In order for our staff to better work with your child please include any learning/behavioral issues).

List what your child is looking forward to and/or not looking forward to about attending Camp Wildflower?

Please tell us about your children

What do the children know about the death?			Questions about your current situation						
			Is there anything you are particularly concerned about with any of the children? Please specify by checking below.						
Child's name	Knowledge of the death (please specify)	Attended wake, funeral or other ritual?	Sleep Habits	Physical Symptoms	Behavior	School Issues	Sadness	Seperation Anxiety	Other
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							

Please provide any additional information on the back

Fees

We are asking a \$20 donation per person to cover the cost of meals including snacks, lunch and dinner. Scholarships are available, and no family will be turned away due to an inability to pay.

- I would like to talk further about financial assistance.
- My check for \$20 per person, made out to Camp Wildflower, is enclosed.

Signature of Parent/Guardian

Date

*In order to process all participant applications and match them appropriately, all registration materials (registration form, health history, indemnification agreement) must be returned to **Shelly Bathe Lenn c/o The Garden at 286 Prospect St. Northampton, MA 01060** no later than June 2, 2008.*

NOTE, Receipt of Camp Wildflower registration materials will not necessarily guarantee your child's participation at Camp Wildflower. Camp Wildflower reserves the right make the final decision, as we want to insure a good fit for all participants. Camp Wildflower, a program of The Garden: A Center for Grieving Children and Teens does not discriminate on the basis of race, color, national origin, or handicap in admission or access to, or employment in, its programs or activities.

Camp Wildflower
Health History Form

Camper's Name (Last, First):

Home Address:

—

Date of Birth: _____ Age: _____ Sex: _____

Child's Height: _____ Child's Weight: _____

Parent/Guardian's Phone (Day): _____

Evening: _____

Alternate: _____

Health History (check those that apply):

<input type="checkbox"/> Attention Deficit Disorder (ADD)	<input type="checkbox"/> ADHD	<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Convulsions/Seizures
<input type="checkbox"/> Allergies (foods, animals, beesings, list below)	<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Disease	<input type="checkbox"/> Heart	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Disease	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> HIV
<input type="checkbox"/> Menstrual Cramps	<input type="checkbox"/> Kidney	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Dietary Needs	<input type="checkbox"/> Phobias	<input type="checkbox"/> Special
<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Wears Contact Lenses	
<input type="checkbox"/> Other (please explain)	_____	

ALLERGY/MEDICATION/SUNSCREEN – Please note any food or medication allergies as well as the name of medication your child is taking and for what condition.

Food allergies:

—

In case my child needs to take a prescription or nonprescription medication while he or she is at Camp Wildflower, I do _____ do not _____ give my permission for Camp Wildflower Nurse to administer the medication. *Please send any prescription or nonprescription medications in a clearly labeled container and clear instructions about dosage & timing.* Camp Wildflower Nurse will hold medications during the day.

I do _____ do not _____ give my permission for Camp Wildflower staff to help my child apply sunscreen. We recommend that children arrive in the morning wearing sunscreen.

May we dispense pain reliever (i.e. Tylenol) in the dosage appropriate for your child's age and weight,

if needed? ___ Yes ___ No

Last Tetanus Shot: _____

Are there any activities your child may not be able to participate in while at camp?: ___ Yes ___ No

If yes, please explain: _____

Please explain any additional information we need to know to care safely for your child:

Child's health insurance provider and plan #

Doctor Name & Phone:

In case of a non-life threatening emergency, I do ___/do not___ give my permission for my child (children) to receive medical treatment from a medical practitioner.

In case of a life-threatening emergency Camp Wildflower will immediately call 911.

In case of an emergency Camp Wildflower will contact parent/guardian or an authorized person named below:

Name, Relationship to Child and Phone

Name, Relationship to Child and Phone

To the best of my knowledge, the above information is correct and accurate.

Signature of Parent/Guardian

Date

My Personal Contract with *Camp Wildflower*

WHY HAVE A CONTRACT? Being sad or mad, having a lot of extra energy, feeling nervous or just keyed up inside...these are normal feelings that many people have when somebody they love dies. That's why at *Camp Wildflower*, we promise to do everything we can to give you a safe place to express these feelings. To make this happen, we need some rules. The purpose of this contract is to make the rules clear and to make sure everyone at *Camp Wildflower* is safe.

CONTRACT

1. I promise I will keep what is said at *Camp Wildflower* private and confidential.
2. I promise I will not hurt anyone intentionally at *Camp Wildflower* with my words (put-downs, name calling, etc.) or actions (hitting, throwing hard objects, etc.).
3. I will act in a way that allows the group to work together or find a facilitator to talk to.
4. I will stay my group at all times unless I'm with an adult.
5. I know I can use the "I pass" rule any time and not participate in any discussion or activity I choose.
6. If someone hurts me with their words or actions, I will tell them how I feel and say, "Stop and I mean it." If they don't stop, I will get a facilitator to help us.
7. I will stop when a child or adult at *Camp Wildflower* says, "Stop and I mean it." If I do not stop, I will be breaking a rule and a facilitator or other adult will do a rule break with me.
8. If my anger or energy level or sadness feels out of control to me or to an adult, I can ask a facilitator to talk to me, or take me to a quiet place. If my anger or energy still feels out of control and either the facilitator or I think I might hurt someone else or myself, I will sit out of the group for the rest of the day.

I understand these rules and agree to follow them to keep myself and others safe at *Camp Wildflower*.

CHILD _____ PARENT/GUARDIAN _____

Date _____ *Camp Wildflower* Director _____

Camp Wildflower

Indemnification Agreement

1. I, _____, hereby give permission for my child, _____ to attend the Camp Wildflower specified on the attached application.

I understand that the camp's goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.

2. I give permission for my child to be photographed. This material may be used for future publicity of Camp Wildflower including the news media.

_____ Yes _____ No

Release

3. In consideration of the above-named child being granted permission by Camp Wildflower, to attend Camp Wildflower:

I, for myself and on behalf of my child, release and discharge Camp Wildflower, its agents and volunteers, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against Camp Wildflower for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her negligence or any other fault.

By: _____

Indemnification Agreement

4. Also, in consideration of the above-named child being granted permission by Camp Wildflower, to attend Camp Wildflower:

I agree to indemnify and hold harmless Camp Wildflower for any and all claims, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against Camp Wildflower for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at Camp Wildflower, including but not limited to, injury caused by or arising from Camp Wildflower's own negligence.

I, the undersigned, have read this release and understand all of its items.

Signature of Parent/Guardian

Date

Camp Wildflower Schedule of the Day

Camper plan:

- 8:00 campers arrive and registration
- 8:30 bus departs
- 9:00 large group “ice breaker” activities, big camper sharing
- 9:30 small group sharing
- 11:00 small group-building activities
- 12:00 large group lunch
- 1:00 large group energizers
- 1:45 small group sharing/activities
- 3:15 large group arts/crafts
- 4:15 small group planning of memorial activity
- 5:00 dinner
- 6:00 closing ceremony—all campers and adult caregivers included

Adult caregiver plan:

- 1:00 check in
- 1:30 long art and craft project
- 3:30 short activity
- 4:30-5 more adult caregivers arrive
- 5 Dinner
- 6 closing ceremony—all campers and adult caregivers included

Camp Wildflower Packing List

Clothing

_____ Jacket, sweater, or sweatshirt

_____ Rain gear (as needed)

_____ Hat

Other Items

_____ Water Bottle

_____ Picture or memento of Deceased Loved One

_____ Sunscreen & Insect Repellent (non-aerosol)

Note: Camp Wildflower does not allow items such as cell phones, radios, video games, large amounts of money and other valuables are not to be brought to camp. Camp Wildflower will not be responsible for these items.

Camp Wildflower also does not allow items such as gum or candy to be brought to camp unless given to a facilitator to hand out to all campers. These items attract insects such as bees and hornets.