

Foundation for Hope Camp

Caregiver Application

Focus Child (The child that is your primary reason for your interest in attending Foundation for Hope).

First, middle and Last, legal name

Name of choice

DOB Age

School status: Attending in person Attending on-line Expelled Withdrawn

If attending: Name of school

What is this child's ACE (Adverse Childhood Experiences) score?

Are there any special dietary needs? If yes, explain:

Are there any physical limitations? If yes, explain:

Describe the behaviors your focus child is exhibiting:

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? If Yes, Please explain:

Has your child ever harmed or attempted to harm another person, animal, or themselves? If yes, Please explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with your child (ex. High energy, playful, calming presence, same race (if possible)?

Please list 3 goals that you hope for this child to achieve during camp:

1

2

3

Parent/Guardian/Caregiver Information

Caregiver 1

Legal guardian

Yes

No

First

Last

Relationship

Date of Birth

Address

Cell Phone Number

Email Address

Plans to attend Foundation for Hope Camp

Yes

No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical limitations? If yes, explain:

What are your strengths in parenting?

What are your difficulties in parenting?

What do you hope to gain by participating in FFH Camp?

Caregiver 2

Legal guardian

Yes

No

First

Last

Relationship

Date of Birth

Address

Cell Phone Number

Email Address

Plans to attend Foundation for Hope Camp

Yes

No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical limitations? If yes, explain:

What are your strengths in parenting?

What are your difficulties in parenting?

What do you hope to gain by participating in FFH Camp?

Sibling/Other children in the home Information

Sibling/Other 1

First

Last

Relationship

Date of Birth

Age

Address

Plans to attend Foundation for Hope Camp

Yes

No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical, mental or emotional limitations? If yes, explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with your child (ex. High energy, playful, calming presence, same race (if possible)?

Please list 3 goals that you hope for this child to achieve during camp:

1

2

3

Sibling/Other 2

First

Last

Relationship

Date of Birth

Age

Address

Plans to attend Foundation for Hope Camp

Yes

No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical, mental or emotional limitations? If yes, explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with your child (ex. High energy, playful, calming presence, same race (if possible)?

Please list 3 goals that you hope for this child to achieve during camp:

1

2

3

Sibling/Other 3

First

Last

Relationship

Date of Birth

Age

Address

Plans to attend Foundation for Hope Camp

Yes

No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical, mental or emotional limitations? If yes, explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with your child (ex. High energy, playful, calming presence, same race (if possible)?

Please list 3 goals that you hope for this child to achieve during camp:

1

2

3

Sibling/Other 4

First _____ Last _____
Relationship _____
Date of Birth _____ Age _____
Address _____
Plans to attend Foundation for Hope Camp Yes No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical, mental or emotional limitations? If yes, explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with your child (ex. High energy, playful, calming presence, same race (if possible))?

Please list 3 goals that you hope for this child to achieve during camp:

1

2

3

Sibling/Other 5

First _____ Last _____
Relationship _____
Date of Birth _____ Age _____
Address _____
Plans to attend Foundation for Hope Camp Yes No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical, mental or emotional limitations? If yes, explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with your child (ex. High energy, playful, calming presence, same race (if possible)?

Please list 3 goals that you hope for this child to achieve during camp:

1

2

3

Sibling/Other 6

First

Last

Relationship

Date of Birth

Age

Address

Plans to attend Foundation for Hope Camp

Yes

No

If attending FFH Camp:

Are there any special dietary needs? If yes, explain:

Are there any physical, mental or emotional limitations? If yes, explain:

What are this child's strengths?

What are this child's difficulties?

What qualities would be best when matching a one on one buddy with your child (ex. High energy, playful, calming presence, same race (if possible)?

Please list 3 goals that you hope for this child to achieve during camp:

1

2

3

Additional sibling or other information

Family Medical Information

Name of Family Physician

Physician Phone Number

Insurance Provider

Group Number

Please upload a copy of the front of your insurance card

Please upload a copy of the back of your insurance card

Be sure to bring any needed medications to camp for any family member attending!

Family Photo

Please upload a family photo of the members who will be attending camp

Shirt sizes

Please provide us with the shirt size for each member of the family that will be attending camp:

Additional Information

Is there anything else you would like us to know, while considering your application for camp?

Caregiver Agreement

By signature of this document, I agree to the following:

Prior to camp-

- I will: Read Chapter 4 of The Connected Child and watch the video Trust Based Parenting.
 - A link to the book and video will be provided for online viewing.
- Complete an Attachment Assessment.
 - A link to the Attachment Assessment will be provided.

Camp Weekend-

- I will attend and fully participate in the all-day Friday, and Saturday camp, located at Columbus Youth Camp, Columbus, Indiana.
- I will facilitate the attendance of all children, in my care, of school age, for both days of camp.
- I will request childcare, provided by the Foundation For Hope camp, for any child in my care that is younger than school age.
- I will maintain open communication and access, via cell phone and email, in order to receive updated information about camp participation.

Following the camp weekend-

- I will attend and fully participate in three, one hour long, follow-up consultations sessions, to be held virtually, and presented by HopeAlight.
- I will attend, and fully participate in a one day, Foundation for Hope, Family Connection event to be held at Columbus Youth Camp.
- I will facilitate the attendance of all children, in my care, of school age, at the Family Connection event.
- I will request childcare, provided by Foundation For Hope camp, for any child in my care, that is younger than school age, while participating the Family Connection event.

I have read, or had read to me, and completely understand and agree to the above conditions and terms of the Foundation For Hope camp participation. I understand that failure to comply with the terms of this agreement will result in the notification to the referring agency, and further court action may be taken.

_____	_____	_____
Caregiver 1 signature	Printed Name	Date
_____	_____	_____
Caregiver 2 signature	Printed Name	Date
_____	_____	_____
Focus Child signature	Printed Name	Date