



Applications will be mailed to:
 The Better Days Foundation
 551 Valley Road
 PMB # 193
 Upper Montclair, NJ 07043

Camper Application 2008

Child's Name: _____

Age: _____

School Grade (as of Fall 2007): _____

Birth Date: ____/____/____

Sex: Female: ____ Male: ____

Parent information

Address _____

Home Phone # _____

Cell phone # _____

Work phone# _____

E-mail address _____

Emergency Contact Available – Late August Dates TBA:

Relationship: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Alternate Emergency Contact Available – Late August 2008 Dates TBA:

Relationship: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Medical Information:

Name of Child's Physician: _____ Phone: (____) _____

Name of Child's Dentist: _____ Phone: (____) _____

Hospital of Choice: : _____

Child's Health Care Carrier: _____ Effective Date: __/__/__

Plan Number: _____ Group Number: _____

Food Allergies: _____

Drug Allergies: _____

Other Significant Allergies: _____

Please list any dietary restrictions (*i.e.*, physician recommended/religious, etc.):

Please list your child's religious affiliation (if any):

Child's T-Shirt Size:

Children ____S (6-8) ____M (10-12) ____L (14-16) ____

Adult ____S ____M ____L ____XL ____

*** Please enclose a photo of your child (new campers only).**

Camp Better Days 2008
Social/Emotional Profile

Child's Name: _____

Please include as many details as possible when answering the following questions. We realize some of these questions may be difficult to answer, but we want to be able to provide the best possible care for your children. *If your children attended our program last year, please skip ahead to question # 10.*

1. Who was the person who died? (name) _____

2. How was the person related to the child? _____

3. Did the child attend the funeral/memorial service? _____
If yes, what was your child's reaction? _____

4. Has your child received any professional support (*i.e.*, school counselor, peer support group, psychologist, psychiatrist, pastoral counselor)? Yes_____ No_____

If yes, is support currently being provided? Yes_____ No _____

5. Name of counselor: _____
Phone #: (____) _____

6. Do you give a member of the Camp Better Days staff permission to contact the above counselor?
Yes_____No_____

7. If counseling is no longer in progress, how long was the period of support provided? : _____

8. How did you as a parent explain to your child the events of September 11th in regards to terrorism?

9. Have there been multiple deaths of loved ones experienced by this child? If yes, please describe the nature of death and the child's relationship to the other person who died.

10. Have you discussed attending Camp Better Days with your child? If so, what was their reaction to attending Camp?

11. Do you or your child have any reservations about being apart for the week of camp?

12. Please explain how your child indicates that he/she is still grieving.

13. Have there been any other changes/stresses in your child's life (i.e. divorce, remarriage, relocation, illness)?

14. How has your child been functioning in school this year (i.e., regular attendance, getting along with peers)?

15. Have there been noticeable behavioral changes in your child this year?

16. Is your child still openly speaking of your loved one who died? _____

17. Do you or your child have any reservations about being apart for the week of camp?

18. Does your child have any sleep problems (i.e., sleep walking, bedwetting, nightmares)?

19. Please list any additional information that would enable us to provide the best care for your child (i.e., problems with eating, getting along with peers, getting along with family members, physical limitations etc.).

20. How did you learn about the Camp Better Days Program?

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Camp Better Days 2008
Release Form

1. I, _____, hereby give permission for my child,
_____ to attend Camp Better Days hosted by Camp Echo Lake.

2. I understand that the camp's goal is provide my child with a FUN camping experience, within a therapeutic environment, surrounded by peers who have experienced similar losses due to the terrorist attacks on September 11th 2001.

3. I give permission for my child to be photographed, videotaped or interviewed during Camp Better Days under staff supervision. This material may be used for future publicity of Camp Better Days or the Better Days Foundation including the news media Yes_____ No_____

4. In consideration of the above-named child being granted permission by The Better Day Foundation to attend Camp Better Days at Camp Echo Lake.

I, for myself and on behalf of my child, release and discharge The Better Days Foundation and Camp Echo Lake, their agents, Board of Directors, Officers, Volunteers, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against The Better Days Foundation, Camp Better Days, Camp Echo Lake 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.

By:_____

5. Also, in consideration of the above-named child being granted permission by The Better Days Foundation, to attend their Camp Better Days program:

I agree to indemnify and hold harmless Camp Better Days, The Better Days Foundation and Camp Echo Lake, 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 Better Days 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 Better Days.

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

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____

Camp Better Days 2008
Camper Information

Camper's Name: _____

1. *Do you like sports?* _____
If so what's your favorite sport? _____

2. *Do you like arts and crafts?* _____
If so, what type? _____

3. *Do you like music?* _____
If so, do you play an instrument? _____
Who's your favorite musical group? _____

4. *Do you like to swim?* _____
If so, are you a good swimmer? _____

5. *Have you ever been to sleep away camp / day camp?* _____
If so, where? _____
What did you like about camp? _____
What did you dislike? _____

6. *What's your favorite food?* _____
What's your least favorite? _____

7. *What do you hope to get out of your Camp Better Days experience?*

