



FAMILY RETREAT APPLICATION

Please print clearly in blue or black ink.

Help us get to know your family... *To be completed by prospective camp family.*

Family Name _____ Date: _____

Name	Age	T-Shirt Size

Has there been any significant difference in grief reactions among family members that have caused problems or concerns? If yes, please explain.

Has any family member received professional support? (i.e. psychologist, psychiatrist, clergy, school counselor, etc.) If yes, please list family member, therapist, agency, and length of services.

Have there been multiple deaths of loved ones experienced by your family? If yes, please list those loved ones, when they died, and the nature their death. Also include pets if necessary.

Are there any other changes/stressors in your family's life? (i.e. divorce, illness, relocation, trauma, friend/family moving out of the area, changing schools, involvement with the legal system) If yes, please list stressors and when they occurred.

Please list any special dietary needs for family members:
