



The Good Grief Group
P.O. Box 7896
Kalispell, MT 59904
Tax ID# 82-1337890
• goodgriefcamp.org • goodgriefcamp@gmail.com
406-755-6760

Combining the healing elements of nature with activities that provide a safe outlet for the expression of a child's grief.

Good Grief Camp Camper Intake Survey

To be completed by Camper/ Parent/ Guardian

This information is STRICTLY CONFIDENTIAL. Please answer the following questions with your camper. By providing this information, you are assisting us in keeping Good Grief Camp safe and beneficial for all who participate. Thank you!

Name of Camper: _____ Age: ____ Shirt Size: _____ What name does the camper like to be addressed? _____

Name of Guardian(s): _____

Address: _____

Phone numbers(s): Home: _____ Cell: _____ Work (If ok to contact): _____

Name of school camper attends: _____ Religious Preference: _____

Has the camper been away from home before? Yes ___ No___

Has the camper been at Good Grief Camp before Yes ___ No___ If yes, how many times? _____

Name of loved one(s) who died: _____

Relationship(s) to camper of the person who died? _____

How old was the camper at the time? _____

anything else to share about the death experience/circumstances/effect on the camper? _____

Good Grief Camp Photo Consent for Campers
To be signed by Parent/ Guardian

Good Grief Group will have photography activities and there will be volunteers taking pictures that will be used for their scrapbook that each camper will take home to remember their time at camp and share their experiences with family, friends, and others. I understand that photos may be taken home by campers and/or used as training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

I give my permission to have my child's pictures taken as part of the camper's photography activities and creating scrapbooks for campers.

I do NOT give my permission to have my child's pictures taken as part of the camper's photography activities and creating scrapbooks for campers.

I give my permission to have my child's pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

I do NOT give my permission to have my child's pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

Signature of Parent/Guardian

Date

How does the camper show respect to others? _____

How can others show respect to the camper?

What are the camper's special talents/ skills/ interests (musical, artistic, sports, outdoors, etc.)

Anything else to share about the camper or additional comments?

Parent/Guardian Signature

Date

Thank you for completing the application and especially for gifting us your children for camp!!

Good Grief Camp Understanding of Behavior Consequences

I understand I may get "Time Out" for the following behaviors:

- Refusing to participate (unless permission from someone in authority)
- Refusing to do assigned chores
- Being in an out of bounds area
- Leaving an assigned area without permission
- Inappropriate language
- Refusing to follow requests from adults

Time out will be with an adult in clear view of other campers and staff. Sometimes one-on-one attention may be needed to help with behavior concerns.

I understand my family will be called and I may have to leave Good Grief Camp for the following behavior incidents:

- Running away
- Stealing
- Intentionally starting a fire
- Inappropriate touching
- Have or using drugs or cigarettes or smokeless tobacco
- Having a weapon such as a knife or gun or threatening to use an object as a weapon
- Refusing to accept assigned "Time Outs"

Signature of Parent/ Guardian

Date

Signature of Camper

Date

