 

**Camp To Belong Colorado Pre-Registration Form**

**August 9-13, 2021 at YMCA Camp Shady Brook**

**Ages 8-18 (we have some wiggle room with the ages as needed)**

One of Elevating Connections’ signature programs is Camp To Belong Colorado, a four night, five day summer camp for siblings who have been separated through foster care and other out of home placements. Siblings will spend the week participating in typical camp activities: swimming, hiking, ropes course, horseback riding, art projects, archery, camp fires and more. In addition, campers will participate in a variety of activities specifically designed to enhance the sibling relationship. There is no cost to families for camper participation.

This is a pre-registration form to help us determine level of need and if each child is appropriate for camp in terms of safety for all the campers, counselors and staff. This is not a therapy camp, but it is highly therapeutic with plenty of adult supervision. We will accept partial sibling groups if not all siblings are eligible to attend.

After this form has been completed for **EACH** camper, I will be in touch either with questions or the link to complete the application for attendance at camp. The form can be completed by a caseworker, GAL, care provider or CASA. Any authorizations for camp participation will need to be signed by legal guardians only. Please be as thorough as you can.

*Inclusivity statement:*

*Elevating Connections’ values and celebrates youths’ racial and cultural identities, nationalities, languages, sexual orientation, gender identity, gender expression, religion/spiritual beliefs, family structure, abilities, learning styles, educational background, immigration/documentation status, body size, and class status*.

Please do not hesitate to reach out with any questions!

Stacey Sanders, Executive Director

[staceys@elevatingconnections.org](mailto:staceys@elevatingconnections.org) 720-473-1820

*Elevating Connections and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, and from the submission of applications that are either required by law or necessary to process applications or other requests for assistance through our organization.  
  
All information about medical or mental health conditions that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.*

**PLEASE COMPLETE ONE FORM FOR EACH SIBLING.**

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campers will may not be eligible for camp if they have to be physically managed on a regular basis or if in the 30 days prior to camp, have committed any sexual offenses, have a history of running - or have a history of violence against themselves or others.

**It is imperative that you update us if anything changes.**

**Has Camp To Belong Colorado been discussed with this youth? Do they want to attend camp?**

1. How often do the siblings see each other? Do any of the siblings live in the same home?
2. Do you have any safety concerns about this child interacting with other kids:   
   If yes, please give an example of your concerns:
3. Does this youth ever require emergency medication? If yes, why?
4. Has this youth been hospitalized in the last 6 months?   
     
   If yes, how often and why?
5. Does this youth have a history of running from placement in the last 6 months?
6. If this youth resides in a residential treatment center, have they needed physical management in the last 6 months? If yes, how often and how recently?
7. Has this youth been in jail in the last 6 months? If yes, what for?
8. Is this youth on probation? If so we may need authorization to speak to their probation officer.  
     
    If yes, what are they are on probation for? Compliant with probation?
9. Does this youth have any sexual perpetration history?   
     
   If yes, how recent?
10. Does this youth have a mental health diagnosis? If yes and they are on medication, is the youth med compliant? *We will have medical staff on site to administer medications.*
11. Does this youth have any drug or alcohol issues we should be aware of?   
      
    If yes, please explain
12. Do you have any safety concerns about this youth participating in any of the camp activities, such as: hiking, swimming, boating, horseback riding, ropes challenge course?  
      
    If yes, please explain.

I have answered all questions honestly and to the best of my knowledge:

Signature of person completing the form.

Please return completed forms to Stacey Sanders [staceys@elevatingconnections.org](mailto:staceys@elevatingconnections.org)