



PARENT/GUARDIAN INTEREST FORM

Today's Date: _____

We look forward to learning more about the child you are nominating! Please answer the questions the best you can. We will contact you to schedule a follow-up meeting. We cannot guarantee available spots in our program. Thank you for understanding.

CHILD'S INFORMATION

Name:		Preferred name:	Preferred Pronouns:
Birth Date:	Gender:	Race:	Preferred language:
Current Grade and School:			Expected Grade and School next year:

PARENT/GUARDIAN'S INFORMATION

Name:		Relationship to child:
Address:		
Phone Number:	Email:	Preferred language:

GENERAL HISTORY & GOALS

How did you hear about the program?
Is the child currently receiving services? (Counseling, etc.)
Has the child processed their trauma with a mental health professional? If yes, with whom, and where? How long?
Is there anything else that would be helpful for us to know in advance?
What do you believe the child will gain from involvement with Camp HOPE America?
Has the child attended an overnight camp in the past? If yes, when? How did it go?

SAFETY

Has the child been exposed to domestic violence or other form of child abuse? What year(s)?
Has the child been in a safe place and out of harm for a minimum of three months?
For safety reasons, is there any person your child should not be in contact with? If yes, please share their Name, Birth Date, and relationship to child.