



For the health and safety of all involved, Camp Firefly “Camp-in-a Box” is replacing our annual camp for bereaved children ages 7-14 in 2020.

The Camp-in-a-Box Program includes activities and interaction with counselors using telephone and online communication.

Please complete this register form for each child interested in participating in of Camp Firefly “Camp-in-a-Box”. Our counselors will contact you directly to discuss the camp and to offer assistance in completing this form if needed.

*Please Print Clearly.*

CHILD’S FULL NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE (as of Sep 2020): \_\_\_\_\_ SEX: M ( ) F ( )

SCHOOL CURRENTLY ATTENDING:: \_\_\_\_\_

CHILD LIVES WITH (NAME): \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY\*: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL#: \_\_\_\_\_ E-MAIL \_\_\_\_\_

CHILD’S or Guardians E-Mail address \_\_\_\_\_

This will be used to invite the child to a private, monitored Camp Firefly Facebook Group. Will require a free facebook account.

HOW WOULD YOU PREFER WE CONTACT YOU?  Home Phone  Cell Phone  Cell Phone via text  E-Mail

**BEREAVEMENT INFORMATION**

It is important for the staff of CAMP FIREFLY to understand as much as possible about your child’s experience with death and grief. You can help us meet your child’s needs by providing answers to the following questions.

NAME OF PERSON WHO DIED: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

CHILD’S AGE AT THE TIME OF THE DEATH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

ARE THERE OTHER LOSSES THAT ARE IMPACTING THE CHILD/FAMILY AT THIS TIME? \_\_\_\_\_

\*Family must reside in Burlington, Camden or Gloucester County, NJ. Camp Firefly “Camp-in-a Box” is FREE to participants.

This form for Camp Firefly is available to any child who has lost a loved one without regard to race, color, gender, religion, sexual orientation, national origin, or any other legally protected classification. Information that you provide to us is held in strictest confidence, Child must be 7—14 years old at the time of Camp Firefly. Acceptance is subject to the approval of the Camp Firefly Directors.

**Limited Availability. Please apply as soon as possible.**

**Upon acceptance to the program, in late August each child will receive a “Camp-in-a-Box” package filled with bereavement craft project materials, counselor and online contact information, and some surprises for summer fun.**

**Return this form to:**

**Camp Firefly Coordinator, Moorestown Visiting Nurses & Hospice, 300 Harper Drive, Moorestown, NJ 08057**

**Fax to: (856) 552-1304 E-mail to: [caban@moorestownvna.org](mailto:caban@moorestownvna.org)**

**Please direct any questions to: Andra Vasko, Bereavement Coordinator (856) 552-1300, Extension 2507**

**ADDITIONAL QUESTIONS:**

Place of death (i.e.; home, hospital, etc.): \_\_\_\_\_

Please give a brief account of the death (i.e.; length of illness, type of accident, etc.) \_\_\_\_\_

	YES	NO
Has your child received any professional support/counseling		
Was your child present at the death?		
Did your child view the body of the person who died?		
Did your child attend the funeral?		
Has your child been told the facts about the death?		
Does your child understand the facts about the death?		

Since the death, has your child shown any of the following behaviors? YES      NO      ON OCCASION

	YES	NO	ON OCCASION
<b>Belief that illness/death was his/her fault</b>			
<b>Belief that illness/death is a punishment</b>			
Problems in school			
Withdrawing from family and friends			
Changes in eating/sleeping habits			
Change in weight			
Change in how child feels about him/herself			
Complaints of headaches, stomach aches, backaches, etc.			
Loss of interest in usual activities			
Always trying to act perfect			
Lack of energy			
<b>Wants to die &amp; be with the deceased</b>			
Having more accidents or injuries than usual			
Crying			
Anger			
Depression			
Acting out behavior			
<b>Regression (Ex: thumb sucking, bed wetting, fear of dark, etc)</b>			
Does your child talk about the death?			

**LANGUAGE ASSISTIVE SERVICES**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (856) 552-1300.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (856) 552-1300

**NONDISCRIMINATION**

Moorestown Visiting Nurse Association complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

MVNA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo

MVNA 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。



CAMP FIREFLY 2020 PHOTO RELEASE FORM

I hereby grant permission to the Moorestown Visiting Nurse Association to use photographs, and video and audio recordings of me or my artwork taken or created during Camp Firefly, August 2020, in publications, news releases, online, and in other communications related to the promotion or mission of the Moorestown Visiting Nurse Association.

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(Signature of Adult, or Guardian of Child under age 18)

Print name of child \_\_\_\_\_

Print name of guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_