



Instructions: This form is used to submit your child's registration. Complete all fields and save the file to your computer. Then open a new email message, attach the file, and send to Atkinson.Jeanne@mayo.edu. Adobe Reader 11 or Acrobat is required to save the form.

If you are unable to do this, you may fax the form to Mayo Clinic Health System Hospice at 507-594-5649, or you can mail the form to:

Mayo Clinic Health System Hospice (organization name must be included to ensure delivery)
ATT: Jeanne/Camp Oz
1025 Marsh Street
Mankato, MN 56001

Date Today (mm-dd-yyyy) _____

Part I: Personal Information

Child Name (First, Middle, Last)			
Street Address		City	State ZIP Code
Birth Date (mm-dd-yyyy)	Age	Grade in the Fall	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
T-Shirt Size Youth sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L or Adult sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL			
Father or Guardian Name (First, Last)			
Street Address (only if different from child's)		City	State ZIP Code
Email	Home Phone	Cell Phone	Work Phone
Best Time to Reach			
Mother or Guardian Name (First, Last)			
Street Address (only if different from child's)		City	State ZIP Code
Email	Home Phone	Cell Phone	Work Phone
Best Time to Reach			
Deceased Person Name (First, Last)			
Relationship to Child		Birth Date (mm-dd-yyyy)	Death Date (mm-dd-yyyy)
Cause of Death		Was child present at death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Best Way to Contact About Registration <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Emergency Contact for Day of Camp (First, Last)			
Relationship to Child			Phone
How did you hear about Camp Oz? <input type="checkbox"/> Brochure <input type="checkbox"/> Church <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Returning camper <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other (specify) _____			

Camp Oz Camper Registration (continued)

Child Name *(First, Middle, Last)*

Part II: Parent Questionnaire

1. How has your child coped with the loss of their loved one?

2. Describe the circumstances of the death (how, when, where).

3. Describe in detail the child's relationship to the deceased person and how his or her life has been affected by the death.

4. Who told your child about the death?

5. Did your child attend the funeral?

Yes No

6. Other changes in the child's life (Choose all that apply.):

Divorce or separation, date *(mm-dd-yyyy)* _____

Move to new house or community, date *(mm-dd-yyyy)* _____

Friends moving away, date *(mm-dd-yyyy)* _____

Pet deaths, date *(mm-dd-yyyy)* _____

Parents changing jobs, date *(mm-dd-yyyy)* _____

Parents loss of job, date *(mm-dd-yyyy)* _____

Fire or theft loss, date *(mm-dd-yyyy)* _____

Other deaths; if so, who? _____ date *(mm-dd-yyyy)* _____

How has your child handled these changes?

7. Have there been changes in your child's friendships? If so, specify.

8. Has your child been diagnosed with a mental health disorder, and is your child in or has your child been in counseling (that is, school counselor, psychologist, psychiatrist, grief group)? If so, explain.

Camp Oz Camper Registration (continued)

Child Name *(First, Middle, Last)*

Part II: Parent Questionnaire (continued)

9. Does your child have a learning disability or receive special services from school? (This information is crucial in order for us to provide appropriate services to meet the needs of your child at camp.) If so, explain.

10. Describe any aggressive behaviors or discipline problems your child demonstrates at home or at school.

11. Describe your child's behavior when in a group setting.

12. Does your child have difficulty following directions, sitting for long periods of time, or concentrating? If so, explain.

13. How can we best meet the needs of your child? What topics would you like addressed at camp?

14. Does your child have any dietary needs or allergies (for example, vegetarian, bee stings, insect bites, food)?

15. Explain any medical conditions or physical disabilities that you feel we should know about. Specify any special accommodations your child may need.

Closing Ceremony Attendance at Camp's Conclusion

For the questions below, only one response per family is needed. This information is necessary to ensure there are enough materials for the ceremony.

Note: At least one parent, adult family member, or guardian is required to attend the closing ceremony and transport the child home.

How many adults from your family will attend the closing ceremony?

How many children from your family (**including** the camper) will attend the closing ceremony?