



### Registration for Camp Heart Strings/Camp Dreams

**Mail to:** UR Medicine Home Care; Attention: Michele Allman; 2180 Empire Blvd. Webster, NY 14580 or submit electronically to Michele Allman, LMSW at [URMHC-CampHeartstrings@urmc.rochester.edu](mailto:URMHC-CampHeartstrings@urmc.rochester.edu)

**Please submit completed application by: April 12, 2025 (Please print legibly OR type)**

Camper's Full Name: \_\_\_\_\_  
Name camper wishes to be called: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Parent or Guardian Name: \_\_\_\_\_

Gender at birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade entering September 2025: \_\_\_\_\_ School District: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_

Sibling (s) Names	Age	Attending camp?	Resides with camper?

Who referred you to Camp Heartstrings?

Flyer   School   Friend   PYS   UR Medicine Hospice/UR Medicine Home Care   Dreams from Drake   Other

Name: \_\_\_\_\_

**Camper t-shirt size: youth medium, youth large, adult small, adult medium, adult large, adult extra-large**

Has camper previously attended Camp Heartstrings/Camp Dreams? \_\_\_\_\_

**\*please note first time campers will be given preference, campers who have attended in the past will be placed on a wait list. You will receive an email if/when your child has been accepted into camp. You will be notified of acceptance by May 10, 2025.**

**\*\*NOTE:** In case of emergency, we must be able to locate you or an emergency contact at any time during Camp Heartstrings/Camp Dreams. Please provide the names and contact information of two emergency contacts for camper.

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

May pick up camper at the end of each day: yes or no

Camper Name: \_\_\_\_\_ Grade (September 2025): \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

May pick up camper at the end of the day: yes or no

Please note: Camper will only be released to those listed above at the end of camp each day.

***Medical Insurance:***

Is the camper covered by family Health and Accident Insurance? ☐ YES ☐ NO

Name of Policy Holder \_\_\_\_\_  
Relation \_\_\_\_\_

Health Insurance Carrier or Plan  
Name \_\_\_\_\_  
\_\_\_\_\_

Agent or Company \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Policy or Certificate Number \_\_\_\_\_ Group  
Number \_\_\_\_\_

\*A photocopy of the front and back of health insurance card must be attached to this form.\*

***Bereavement History (please list each loss due to death separately)***

Name of the person who died:  
\_\_\_\_\_

Relationship of the deceased to the camper:  
\_\_\_\_\_

Date of Death: (Date of the death must be before January 1, 2025)  
\_\_\_\_\_

Cause of Death:  
\_\_\_\_\_

How old was the camper at the time of the death?  
\_\_\_\_\_

Did the camper witness the death?  
\_\_\_\_\_

Camper Name: \_\_\_\_\_ Grade (September 2025): \_\_\_\_\_

Does the camper know the details of the death?

\_\_\_\_\_

Did the camper attend the memorial service/funeral? ☐ YES ☐ NO

Explain what the camper has been told about the circumstances of the death

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other losses/experiences: i.e. Change in school, relocation of home, other losses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Grief Reactions: Please explain how the camper is grieving:***

- |  |  |
|--|--|
| <input type="checkbox"/> Withdrawal                            | <input type="checkbox"/> Wants to talk about deceased          |
| <input type="checkbox"/> Change in eating patterns             | <input type="checkbox"/> Sleep changes                         |
| <input type="checkbox"/> Verbally Aggressive                   | <input type="checkbox"/> Bad Dreams                            |
| <input type="checkbox"/> Does not want to talk about deceased  | <input type="checkbox"/> Increased anger                       |
| <input type="checkbox"/> Difficulty concentrating              | <input type="checkbox"/> Crying                                |
| <input type="checkbox"/> Physically Aggressive                 | <input type="checkbox"/> Self-injurious behavior               |
| <input type="checkbox"/> Difficulty in school/change in grades | <input type="checkbox"/> Physical illness such as stomach ache |
|  | <input type="checkbox"/> Anxiety                               |

Additional Reactions:

Has the camper received professional counseling support: ☐ YES ☐ NO

Does the camper display any behaviors in school? \_\_\_\_\_

Does the camper have a behavior plan (BIP) in school, IEP, 504 plan, or receive special education services? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper Name:

Grade (September 2025):

Use this space to provide any additional information about the camper's behavior, physical, emotional, or mental health issues that the camp staff should be aware of.

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What has been helpful to the camper when he/she is distressed?

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Please list any allergies (including food allergies):

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Are there any other medical concerns that our camp staff should be aware of?

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Please be sure your child has all prescribed medications prior to coming to camp. There will not be a nurse present to dispense medications.

<b>Camp Notes:</b>
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Each child's legal guardian is responsible for the camper's transportation to and from Camp Heartstrings/Camp Dreams at Nazareth College.

**Please have your child bring an unframed photo of their special person at the start of camp. The photo will be returned.**

**Camper must plan to attend camp all three days.**

Some of the activities at camp are outdoors. *Please provide sunscreen lotion if your child requires such protection.*

**Covid Precautions: Camp counselors and Volunteers will take every precaution to maintain safety for each person attending camp. Campers legal guardian will agree to bring camper each day to camp free of symptoms of respiratory infection, including fever (>100F), cough, sore throat, or shortness of breath. Campers should also be free of diarrhea, body aches or chills. Please keep your camper home if he/she has been exposed to anyone who has been diagnosed with Covid or have been diagnosed themselves. As CDC guidelines change, updates to Covid precautions will be updated.**

Camper Name:

Grade (September 2025):

<b>Consents/Release of Liability:</b>
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1. I give permission to administer basic First Aid to my child.
2. I give permission to take photographs of my child in connection with Camp Heartstrings / Camp Dreams. I authorize the above mentioned, their assigns and transferees to copyright, use and publish the image in print and/or electronic media and I also authorize the use of any statements, voice recordings, and /or video made in connection with the photograph and/or subject at the time taken. I agree that the mentioned entities may use such photographs with or without my child's name and for any lawful purpose, including for example such purposes as a camp yearbook for campers, fundraising materials, marketing materials, publicity, illustration, advertising, and Internet/website content.
3. I, the undersigned parent/guardian of \_\_\_\_\_ understand and agree that UR Medicine Home Care, Camp Heartstrings, Camp Dreams, Dreams from Drake, their Board of Directors, PYS and Nazareth staff, and volunteers are released from any legal responsibility and/or liability for any occurrences of either accidents or illnesses which may occur during the entirety of Camp Dreams/Camp Heartstrings activities.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_