



Camp Stepping Stones Camper Applicati



Dear Parent/Guardian,

This year's camp will be held at Camp Arnes **May 30 – June 1, 2025** with **registration on Friday May 30, 2025 at 6:00 pm** and **check-out on Sunday June 1, 2025 at 1:00 pm**.

The application package asks you to share information that we need to make informed decisions on who will be selected to attend camp. Please complete and return the entire package no later than **May 1st, 2025**. Receipt of all applications will be by email.

Each year, camp is able to accept 50 kids who meet the following criteria:

- Must be between the ages of 7 and 17 years, live in Manitoba and have experienced a significant death
- Priority will be given to those that reside within the Interlake Eastern Regional Health Authority
- Must not have a history of or demonstrate any physical, emotional or verbal behavior that could endanger themselves or others
- Must complete and return the application prior to the deadline date
- Applicants may apply to attend CSS up to a maximum of two (2) times only

**After carefully considering the application form, the final decision is based upon our ability to meet the needs of the applicant and ensure safety. Acceptance is at the discretion of the Camp Stepping Stones Committee.

All applicants are contacted by phone or email to confirm acceptance or non-acceptance to camp. Accepted applicants will be required to fill out additional information prior to attendance. An acceptance letter which includes directions and a packing list are provided late-May.

There is no fee for your child to attend. Please note you are responsible for the child's transportation to and from camp.

If you have any questions about the application or about Camp Stepping Stones please call our committee at **1-855-494-7369**. We look forward to talking with you.

Sincerely,

Camp Stepping Stones Team

Email: campsteppingstones@ierha.ca



Camp Stepping Stones Camper Application



CAMPER INFORMATION

Camper's Name: _____
Last First Middle

Preferred name: _____

Home Mailing Address: _____

City/Town: _____ Postal Code: _____

Age: _____ Date of Birth (YYYY/MM/DD): _____

Gender: Male Female Transgender Non-Binary/Non-Conforming

FAMILY INFORMATION

Parents/Guardians Name/s: _____

Relationship To Child: _____

Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Email: _____

Siblings: Yes No

Name(s): _____

Age (s): _____



BEREAVEMENT HISTORY

The more information you provide, the better we are able to understand and support your child. Please feel free to attach additional information.

1. Name of person(s) who died: _____
2. Relationship to the child: _____
3. Date of death: _____ Age of deceased at time of death: _____
4. How did this person(s) die? _____
5. Does the child know the cause of death? Yes No
6. Was this death anticipated or unexpected? _____
7. What was the child's involvement during this time? _____
8. Was the child present at the time of death? Yes No
8a. Explain circumstances: _____
9. Did the child attend the funeral/memorial service? Yes No
9a. If yes, how did he/she manage; if no, why not? : _____

10. Have any religious/cultural beliefs about death been explained or provided to the child?
If yes, please explain: _____
11. Please explain how the child shows that he/she is grieving: _____

12. Has the child received any professional support for grief (i.e. psychologist, psychiatrist, school counselor, support group)? How long was the professional support provided?

13. Has the child experienced any other deaths? Please explain: _____

14. Have there been any other changes/stresses in the child's life? (I.e. divorce, illness, relocation). Please explain: _____



MEDICAL/BEHAVIORAL/PHYSICAL HISTORY

Does your child have any of the following? (If yes, please provide further explanation)

1. Past Medical History: Yes No

2. Allergies: Yes No

3. Medications taken on a regular basis: Yes No

Please list all including Anaphylaxis Emergency treatment kit (Epi-pen or an Ana-kit):

4. Special Diet: Yes No

5. History of substance abuse: Yes No

6. History of self harm: Yes No

7. History of sexual behaviours: Yes No

8. Behaviours that require one on one support/attention: Yes No

9. Physical Limitations: Yes No

Adaptive Equipment: _____

10. Other information to be aware of: Yes No



Camp Stepping Stones Camper Application



PERMISSION TO ATTEND

Name of camper: _____ has my permission to attend Camp Stepping Stones and participate in all camp activities.

(Signature of Parent/Guardian)

(Date)

Please send the completed application to:

campsteppingstones@ierha.ca

or

Camp Stepping Stones

c/o Interlake-Eastern Regional Health Authority

100 Easton Drive

Selkirk, MB R1A 2M2