



Saturday, MARCH 3, 2018  
@ the Kids Count Too Grief Center  
588 Addison Ave W., Twin Falls

## DAY CAMP APPLICATION

Camper's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Home Address \_\_\_\_\_ City & Zip \_\_\_\_\_  
Age \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_M F\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Religious Background (optional) \_\_\_\_\_

Name of the person(s) who died? \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date of death \_\_\_\_\_ Explain any special Circumstances \_\_\_\_\_

Explain any behaviors or needs of your child that indicates that he/she is still grieving \_\_\_\_\_

Has your child received any professional support (psychologist, social worker, school counselor, support group)? \_\_\_\_\_

\_\_\_ I am willing and desire my child to participate in Kids Count Too Day Camp activities and authorize him/her to take part in the events.

\_\_\_ I will assist in observing the rules of the support group and I waive any claims against Kids Count Too, Inc., except for claims arising from negligence or willful acts of these agents that may arise from participation in the activities of Kids Count Too, Inc.

\_\_\_ I give Kids Count Too, Inc. permission to use photographs of my child in the promotion and publicity of Kids Count Too, Inc.

\_\_\_ I would be willing to be contacted by email for updated KCT information.

Email \_\_\_\_\_

\_\_\_ I will attend the Parent/Guardian Session held at 1:00 pm-5:00 pm.

### PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

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

Applications emailed to : [kidscounttooidaho@gmail.com](mailto:kidscounttooidaho@gmail.com)  
mailed to: Kids Count Too! Day Camp  
PO Box 5533  
Twin Falls, ID 83303-5533

**APPLICATION DEAD LINE IS February 24, 2018. Applications accepted on first come basis.**