

Camp HOPE NH



Caregiver Interest Form

After completion of this form, we will reach out for an informal 'Meet and Greet' with you and your child(ren). This is a low-key opportunity for you to learn more about Camp HOPE and Pathways Mentoring and how YWCA NH can best support both you and your child(ren) on your healing journey.

Your Name:			Relati	onship	to Child	:		
Address:								
Phone #:		Email:						
Safe to: Lea	ve a message? Ye	s No	Email?	Yes	No	Text?	Yes	No
Child's Name:				Chil	d's DOB:			
Child's Grade:		Child's Sc	hool:					
What specialized services is your child receiving?								
How long ago was y	your child impacted by tra	auma and hav	e they been	able to	process wi	th a profe	ssional?	
			ad angus				<u></u>	
How does your o	child react when they	y are stress	ea, angry,	or exp	eriencing	CONTILC	Lr	
Please describe any behavioral issues your child is working through.								
What are your child's strengths?								
What activities o	does your child enjoy	?						
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What do you thi	nk your child might g	ain from pa	articipating	g in Pat	hways &	Camp H	HOPE?	

^{*}All information collected is confidential and will not be shared without written permission. Completed forms can be returned to YWCA NH in person or emailed to info@ywcanh.org