

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: Relationship to Child:

Address:

Phone #: Email:

Safe to: Leave a message? **Yes No** Email? **Yes No** Text? **Yes No**

Child's Name: Child's DOB:

Child's Grade: Child's School:

What specialized services is your child receiving?

How long ago was your child impacted by trauma and have they been able to process with a professional?

How does your child react when they are stressed, angry, or experiencing conflict?

Please describe any behavioral issues your child is working through.

What are your child's strengths?

What activities does your child enjoy?

What do you think your child might gain from participating in Pathways & Camp HOPE?