

After completion of this form and a Caregiver Interest form, we will reach out for an informal 'Meet and Greet' with the caregiver and child(ren) to discuss more about Camp HOPE and Pathways Mentoring and how YWCA NH can best support them on their healing journey.

Your Name: Organization:

Your Phone #: Your Email:

Caregiver's Name: Caregiver's Relationship to Child:

Caregiver Address:

Caregiver Phone #: Caregiver 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?