



Dear Prospective Camp Family,

Thank you so much for your interest in our Pathway to Hope Family Camp. The ultimate goal of our camp is to help families and children construct meaningful connections and deeper relationships. This will allow the children to not only survive but to ultimately thrive in life!

Please complete the following chart by indicating, in order of preference, which camp your family would like to attend as well as the application on the subsequent pages. Upon completion please email, fax, or mail your application back to Rendie Brown as well as pay the non-refundable \$50 application fee (this can be paid on our website by clicking donate now. Make a note on the payment that it is for the PTH application fee). If selected this fee will be applied to the overall camp fee.

Please contact me should you have any questions. We look forward to working with you and your family!

Debbie Simmons
 CEO/Founder
 Anchor Point
 832.632.1221
debbie@anchorpont.us

Summer 2024	
Dates	July 22-26 Day Camp
Times	8:30-4pm
Home visit	TBD
Pre Camp 1	July 14 th : 1-5pm
Pre Camp 2	July 21 st : 4-6pm
Post Camp	Aug 4 th : 2-5pm
Home visit	TBD
Payment	\$750 for family of 4 + \$100 per child after
Expectations	Attend all scheduled camp dates as well as corresponding sessions when applicable



Family Camp Application

Camp Criteria

- Will your target child be between the ages of 5-13 on July 1, 2019? YES NO
- Will your target child have been living within your home for one year? YES NO
- Are you and your family willing to be photographed and videotaped? YES NO
- Are both parents willing to complete a criminal background check? YES NO
- Your family can participate in all camp, pre-camp, and post camp sessions? YES NO

Parent Information

	First Name	Last Name	Date of Birth	Cell Phone	Email
Mother					
Father					

Contact Information

	Street Address	City	State	Zip Code
Address				

Employment

	Degree	Occupation	Travel? Y or N	Work Schedule
Mother				
Father				

Child Information

	First Name	Last Name	Date of Birth	Current Age (as of 7/1/24)
Target Child				

Sibling Information

	First Name	Last Name	Date of Birth	Current Age (as of 7/1/24)
Sibling 1				
Sibling 2				
Sibling 3				

Sibling 4				
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Family Member	Name	T Shirt Size	Food Allergies, Sensitivities, Preferences?
Father			
Mother			
Target Child			
Sibling 1			
Sibling 2			
Sibling 3			
Sibling 4			

How did you hear about Anchor Point's Pathway to Hope Camp?

What brought you to completing an application for Pathway to Hope?

What does your family hope to gain from coming to camp?

What are you family's major strengths?

What are your family's major challenges?

As a parent(s), what are your major strengths?

Mother:

Father:

As a parent(s), what are your major challenges?

Mother:

Father:

Please list 3 goals you have for yourself during camp.

Mother:

A.

B.

C.

Father:

A.

B.

C.

RETURN COMPLETED APPLICATION TO Julie Downey
EMAIL: Julie.Downey@ANCHORPOINT.US FAX: 832.201.8542
MAIL: ANCHOR POINT, 103 DAVIS RD, SUITE B, LEAGUE CITY, TX 77573