



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 (7/26 ends at 5pm)
Home visit	TBD
Pre Camp	July 21st: 3-6pm
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 Debbie Simmons
EMAIL: Debbie@ANCHORPOINT.US FAX: 832.201.8542
MAIL: ANCHOR POINT, 103 DAVIS RD, SUITE B, LEAGUE CITY, TX 77573

COMPLETE CHILD PACKET – 1 FOR EACH CHILD COMING TO CAMP!!



Child Profile

(complete for each child)

Child Information

First Name	Last Name	Date of Birth	Current Age (as of 6/1/24)

Is this child adopted? YES NO

If so, type of adoption? Domestic International (which country) -)

Previous Care (if applicable)

	Type of Care (i.e., foster care, orphanage, group home, only our home, etc.)	Age at Entry	Duration of Stay
Care Environment 1			
Care Environment 2			
Care Environment 3			

Has this child experienced:

	YES	NO	If Yes, explain
A difficult pregnancy			
A difficult birth			
Early hospitalization			
Neglect			
Physical Abuse			
Sexual Abuse			
Loss of a Primary Caregiver			
Other Trauma			

Child Medical History:

	YES	NO	If Yes, explain
Does the child have any medical or physical diagnoses?			
Does the child have any known allergies or food restrictions?			
Does this child have any limiting physical difficulties?			
Has this child received any psychological diagnoses (e.g., ADD/ADHD, Autism, ODD, etc.)?			
Has this child ever been hospitalized for a serious injury (e.g., broken bones, head trauma, bleeding)?			
Has this child ever been hospitalized for a significant illness (e.g., pneumonia, asthma, etc)?			
Has this child ever been hospitalized for behavioral or emotional problems?			

Medical Diagnoses

	Label	Date of Diagnosis	Current Medications (if any)	Comments
Diagnosis 1				
Diagnosis 2				
Diagnosis 3				
Diagnosis 4				

Allergies or Food Restrictions

	Label	Date of Diagnosis	Current Medications (if any)	Comments
Restriction 1				
Restriction 2				
Restriction 3				
Restriction 4				

Physical Limitations

	Label	Date of Diagnosis	Current Medications (if any)	Comments
Difficulty 1				
Difficulty 2				
Difficulty 3				
Difficulty 4				

Psychological Diagnosis

	Label	Date of Diagnosis	Current Medications (if any)	Comments
Diagnosis 1				
Diagnosis 2				
Diagnosis 3				
Diagnosis 4				

Serious Injuries

	Cause	Date of Injury	Duration of Stay	Comments
Injury 1				
Injury 2				
Injury 3				
Injury 4				

Serious Illness

	Illness	Date of Onset	Duration of Stay	Comments
Illness 1				
Illness 2				
Illness 3				
Illness 4				

Behavioral or Emotional Problems

	Reason	Date of Entry	Duration of Stay	Comments
Hospitalization 1				
Hospitalization 2				
Hospitalization 3				
Hospitalization 4				

Concerns:

	YES	NO	If Yes, explain
Does the child have behavioral difficulties?			
Does the child have emotional difficulties?			
Does this child have educational difficulties?			
Does this child have sensory difficulties?			
Does this child have social difficulties?			
Have you ever worried about the physical safety of your child or others around your child because of the emotional or behavioral difficulties your child may be experiencing?			
Has your child ever harmed or attempted to harm another person, animal or himself?			

What are these child's major strengths?

What are these child's major challenges?

Please list three goals you have for this child during camp

Are any other children residing in the home? YES NO

**** if yes, please complete child profile for each child in family.**

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MAIL: ANCHOR POINT, 103 DAVIS RD, SUITE B, LEAGUE CITY, TX 77573