



Received: _____ Entered: _____

Okizu Family Camp Application 2017

Applications are also available online. Visit www.okizu.org/apply to apply.

- This is a cost-free respite and support weekend for Northern California families who have a child who has or has had pediatric cancer.
- These weekends are for the cancer patients, their parents, and their brothers and sisters.
- Mail completed applications to the Okizu office at 16 Digital Drive, Suite 130, Novato, CA 94949.
- Para recibir esta información en español por favor llame a la oficina de Okizu al 415.382.9083.

Parent(s) Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home #: (_____) _____

Work #: (_____) _____ Cell #: (_____) _____

Email: _____

Employer(s): _____

2017 Family Camp Session Dates:

Please select a first, second, and third choice of sessions.

FC 1 _____ April 21 – 24 Bereaved Families Only

FC 6 _____ August 25 – 28

FC 2 _____ April 28 – May 1 James W. Hebert Family Camp

FC 7 _____ September 1 – 4

FC 3 _____ May 19 – 22

FC 8 _____ September 15 – 18 Bereaved Families Only

FC 4 _____ May 26 – 29

FC 9 _____ September 22 – 25

FC 5 _____ August 18 – 21

With the exception of Family Camps 1 and 8, the weekends are open to all pediatric oncology families. You should apply for the weekend that best fits your schedule and needs.

We have the following additional resources at certain weekends:

- FC 2 will have additional resources for families with a child with a brain tumor.
- FC 3 will have an additional discussion group offered in Spanish.
- FC 9 will have additional resources for families with a child with a solid tumor.

All Family Camps will run from Friday at 5:00 p.m. to Monday after brunch to give everyone lots of time at Camp Okizu. If you aren't able to stay until Monday, you may depart at any time.

Please provide the following information for each family member applying for camp.

Family Camp is offered to the cancer patient and their immediate family which typically includes parents, sisters, and brothers. If you have questions, please email heather@okizu.org or call 415.382.9083.

<u>Name</u>	<u>Age</u>	<u>M/F</u>	<u>Birthdate (MM/DD/YYYY)</u>
Parent 1	_____	_____	_____
Parent 2	_____	_____	_____
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____
Child 5	_____	_____	_____
Child 6	_____	_____	_____
Child 7	_____	_____	_____

Past Attendance

Has your family attended Okizu's Family Camp before? _____ If yes, for how many years? _____
How did you hear about Okizu? Please select all that apply. ___ Doctor ___ Nurse ___ Social Worker ___ Friend
___ Internet ___ Other (please specify): _____
Have your children attended Okizu's SIBS/ONC Camp before? _____
If yes, which one? SIBS Camp _____ Oncology Camp _____

Acceptance Packet

Once this application is processed and approved, you will receive an acceptance packet via email or US Post.
How would you like to receive acceptance materials? ___ By Email ___ By US Post
If you choose email, please make sure you have provided a legible email address on the front page.
Would you prefer to receive the acceptance materials in Spanish? ___ Yes ___ No

Emergency Contact Information

In case of emergency please list someone, **other than yourself**, that we can contact:

Full Name: _____ Relationship: _____
Home #: (_____) _____ Cell #: (_____) _____
Work #: (_____) _____

Cancer Patient Information

Please complete all of this information even if the patient is no longer on treatment.

Name of child diagnosed with cancer: _____

Child's cancer diagnosis: _____

Date of diagnosis: _____ Date(s) of any relapse(s): _____

Cancer physician: _____

Cancer treatment facility (select all that apply):

_____ California Pacific Medical Center, San Francisco

_____ John Muir Medical Center, Walnut Creek

_____ Kaiser Permanente Oakland Medical Center

_____ Kaiser Permanente Roseville Medical Center

_____ Kaiser Permanente Santa Clara Medical Center

_____ Lucile Packard Children's Hospital Stanford

_____ Sutter Medical Center, Sacramento

_____ UC Davis Medical Center, Sacramento

_____ UCSF Benioff Children's Hospital Oakland

_____ UCSF Benioff Children's Hospital San Francisco

Other: _____

Current stage of treatment: _____ On treatment _____ Off treatment _____ Our family is bereaved

If off treatment, how long off treatment: _____

Please comment on your current situation as it relates to the cancer diagnosis. For example, currently on treatment, recent relapses, remission, etc. Please also let us know of any current circumstances your family is going through. For example, parents divorcing, with hospice, new problems related to earlier treatment, trouble in school, etc.

Basic Care Information

Please inform us of **any and all family members** with allergies or health conditions, mental or physical, that will require treatment, restriction, or other accommodations while your family is at Camp Okizu.

Accommodations

During our weekends, we have both cabin and tent space available. While most campers stay in cabins, many families enjoy sleeping under the stars in our 'tent city'. Families can bring their own, or borrow an Okizu tent that sleeps up to eight people.

_____ Yes, we would like to stay in a tent and will bring our own tent.

_____ Yes, we would like to stay in a tent and need to borrow one from Okizu.

Friendship and Support

- At the request of many of our families, we would like to put together a contact sheet for each weekend of Family Camp. With your permission, we will use information from this form to create a profile for your family that would be shared upon arrival at Family Camp. This profile would include your cancer patient's name and diagnosis, date of diagnosis, age, treatment center, and physician. We would also include siblings' names and ages and parents' names, email, and city where you live.
- We will only include folks on the information sheet that would like to participate in this.
- This contact sheet will be handed out at the beginning of each weekend and its purpose will be twofold: one, to allow families with like diagnoses, similar age patients or siblings, etc. to find each other during the weekend and two, so that folks can stay in touch once Family Camp is over.

_____ Yes, please include our family on the family contact sheet for the session we sign up for.

_____ No, please do not include our family at this time.

Photos

By participating in Okizu's programs, you are authorizing us to use photos or videos of you or your family in our brochures, on our website, or in any other fundraising or public relations material. If you do not wish us to use your images, you need to file a "No Photo Authorization" form with our office. **You need to review this form every year.** Please call or email our office to obtain this form.

Demographic Information

The following questions are optional and will only be used to obtain funding from foundations that require this demographic information.

Ethnicity	_____ African American or Black	Income Level Annually	_____ Less than \$24,999
	_____ Asian or Pacific Islander		_____ \$25,000 - \$49,999
	_____ Caucasian		_____ \$50,000 - \$74,999
	_____ Hispanic or Latino		_____ \$75,000 - \$99,999
	_____ Native American		_____ \$100,000 - \$124,999
	_____ Other		_____ \$125,000 - \$149,999
			_____ \$150,000+

Parent/Guardian Agreement

- I will only bring those family members originally signed up, unless approved by Okizu in advance.
- I have informed you of any special needs that require attention during our stay at camp.
- I will not bring any pets to Camp Okizu.
- I will not bring alcohol, illegal drugs, or weapons of any kind to Camp Okizu.

Parent or Guardian Signature: _____ Date: _____

Print Name: _____

Please mail completed applications to the Okizu office at the address below.