



Received: _____ Entered: _____

Okizu Family Camp Application 2020

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.
- Camp Okizu is located in Berry Creek, California.
- Mail completed applications to the Okizu office at 83 Hamilton Drive, Suite 200, 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: _____ Cell #: (_____) _____

Work #: (_____) _____ Home #: (_____) _____

Email: _____

Employer(s): _____

2020 Family Camp Session Dates:

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

FC 1 _____ April 24– 27 Bereaved Families Only

FC 6 _____ August 28 –31

FC 2 _____ May 1– 4 James W. Hebert Family Camp

FC 7 _____ September 4–7

FC 3 _____ May 15– 18

FC 8 _____ September 11– 14 Bereaved Families Only

FC 4 _____ May 22–25

FC 9 _____ September 25– 28

FC 5 _____ August 7– 10

FC 10 _____ October 9- 12

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 brain tumor or solid tumor diagnosis.
- FC 3 and FC 9 will have an additional discussion group offered in Spanish.

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. You are always welcome to depart at the time that works best for your schedule and family.

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. Single parents are welcome to bring a 2nd adult. If you have questions, please email heather@okizu.org or call 415.382.9083.

<u>Name</u>	<u>Relationship to patient</u>	<u>Gender</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			

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):

- | | |
|--|---|
| <input type="checkbox"/> Stanford Children's Health at CPMC, San Francisco | <input type="checkbox"/> John Muir Medical Center, Walnut Creek |
| <input type="checkbox"/> Kaiser Permanente Oakland Medical Center | <input type="checkbox"/> Kaiser Permanente Roseville Medical Center |
| <input type="checkbox"/> Kaiser Permanente Santa Clara Medical Center | <input type="checkbox"/> Lucile Packard Children's Hospital Stanford |
| <input type="checkbox"/> Sutter Medical Center, Sacramento | <input type="checkbox"/> UC Davis Medical Center, Sacramento |
| <input type="checkbox"/> UCSF Benioff Children's Hospital Oakland | <input type="checkbox"/> 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: _____

Additional Household Information

Family Status: Married Divorced Separated Single Mother Single Father Other

Custody: Mother Father Joint Grandparent(s) Guardian(s) Other

Acceptance Packet

Once this application is processed and approved, you will receive an acceptance packet via email or USPS.

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

How did you hear about Okizu? Please select all that apply. Doctor Nurse Social Worker Friend
 Internet Other (please specify): _____

Demographic Information

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

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

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.

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.

Accommodations

During our weekends, we have both cabin and tent space available. While most folks 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.

- We would like to stay in a tent and will bring our own tent
- We would like to stay in a tent and need to borrow one from Okizu.
- We are not tent people and would like to stay in a cabin.

Friendship and Support

At the request of our families, we compile a contact sheet for each weekend of Family Camp. If you would like to be included, we will use information collected here to create to share with the other families upon arrival. 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.

This contact sheet will be handed out at the beginning of each weekend to allow families with like diagnoses, similar age patients or siblings, etc. to identify each other and help you stay in touch with each other after camp.

_____ 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.

Past Attendance

Has your family attended Okizu's Family Camp before? _____ Yes _____ No If yes, for how many years? _____

Has your child attended Okizu's SIBS/ONC Camp before? _____ SIBS Camp _____ Oncology Camp _____ No

If yes, for how many years? _____

Parent/Guardian Agreement

- I will only bring those family members originally signed up, unless approved by Okizu in advance.
- I have informed you of all allergies or health conditions, mental or physical, that will require treatment, restriction, or other accommodations while my family is at Camp Okizu.
- I will not bring any animals to Camp Okizu.
- I will not bring alcohol, illegal or recreational drugs, or weapons of any kind to Camp Okizu.

Parent or Guardian Signature: _____ Date: _____

Print Name: _____

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.

Emergency Contact Information

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

Emergency Contact #1

(Must be someone different than those listed above.)

Full Name: _____ Relationship: _____
First Last

Cell #: (_____) _____ Home #: (_____) _____

Mail completed applications to the Okizu office at the address below.

Okizu, 83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 enrollment@okizu.org