

The House that Lulu Built
Camp Lulu Application
August 1, 2024
9:00 am – 3:00 pm

Camper Information:

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender: Female ___ Male ___

School Attending: _____ Grade: _____

T-shirt size:

Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Emergency Contact: (Different from listed above)

Emergency Contact Name: _____

Phone Number: _____

Does your child have any allergies or special needs (physical, mental, social)?

Drop off/Pick up information:

_____ Camper's parent/guardian will be dropping off

Name of drop off person

Phone number

_____ Camper's parent/guardian will be picking up

Name of pick up person

Phone number

_____ Camper will be driving self to camp

Name of camper

Phone number

Deceased information:

Name of loved one who died: _____

Date of Death: _____ Relationship to Child: _____

Cause of Death: _____

Where did person die: _____

Did the child attend the funeral/memorial service? Yes _____ No _____

Other changes/stressors in the child's life?

_____ Divorce or Separation

_____ Friend Moving

_____ Moving

_____ Pet Death

_____ Parent changing job/loss of job

_____ Other Deaths? If yes, who? _____

_____ Other Trauma: _____

How did the child handle these changes?

How is the child currently grieving?

Has the child received professional support (Psychiatrist, Psychologist, Pastoral, or School Counselor)? Explain:

Applications are due by July 1, 2024. Applications may be submitted by mail or email.

The House that Lulu Built
PO Box 733
Greenville, Ohio 45331

Email: lulusgrace@gmail.com

Parental/Guardian Release (please give consent if you child is under the age of 18)

I hereby give approval for the participation of my child in Camp Lulu. I release the Camp staff, management, said camp, and The House that Lulu Built Inc. from liability, for any injury or illness which may occur to him/her while attending Camp Lulu. After every effort has be made to contact parent/guardian or emergency contact, I hereby give permission to have my child transported to the closest medical emergency department. I hereby give permission to the receiving facility to secure appropriate and proper medical treatment for my child.

Camper's Name

Print Parent or Guardian Name

Phone Number

Parent or Guardian Signature

Date

Parent/Guardian Statement:

I give permission to The House that Lulu Built Inc. to have pictures and/or video taken at Camp Lulu which may be used for publication.

Print Parent or Guardian Name

Parent or Guardian Signature

Date