

Fun, supportive, year-round events and summer camp programming for youth ages 7-11 who have been impacted by domestic violence, sexual abuse or trauma.

Please indicate the child's trauma below (select all that apply):

Child Abuse (physical/emotional/neglect):

Child Sexual Abuse:

Domestic Violence:

Witnessing Domestic Violence:

Other (please specify):

Date: _____

Your Name: _____ Your relation to child: _____

Address: _____

Phone #: _____ Email: _____ Best Contact Time: _____

Is it safe to: Text ? yes ☐ no ☐ Leave a voicemail? yes ☐ no ☐ Email? yes ☐ no ☐

Child's Name: _____ Age: _____ DOB: _____ Gender: _____

School: _____ Grade: _____ Allergies: _____

How did you hear about us?: _____

What specialized services is your child receiving?

How long ago was your child impacted by trauma and have they been able to process with a professional?

How does your child react when they are stressed, angry, or experiencing conflict?

Please describe any behavioral issues your child is working through.

What are your child's strengths?

What activities does your child enjoy?

What do you think your child might gain from Pathways and Camp HOPE programming?