

FAMILY CAMP APPLICATION

ADULT RETREAT-AUGUST 9-10,2026
FAMILY CAMP- AUGUST 10-11, 2026



..<CAMP NEW DAWN>..

•A HEALING RETREAT•

GENERAL INFORMATION

Name : _____

Address _____ City: _____ State: ___ Zip: _____ Phone: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Where did you hear about camp? : _____

FAMILY MEMBERS ATTENDING

Name	Date of Birth	T-Shirt Size	Relationship	Previously attended CND?

EMERGENCY CONTACTS:

Name: _____ Phone : _____

Name: _____ Phone : _____

REGISTRATION FEE/ACCOMMODATION:

The Registration fee is \$125 per family. If there is an inability to pay, please contact the Director about financial concerns. Scholarships are available. The fee covers all meals, meaningful activities and each family will have a hotel-style room with two queen beds reserved for them. If your family requires special accommodations (handicap access, rollaway bed, etc.), please indicate: _____

DIETARY:

Please indicate any special dietary restrictions that the staff should be aware of (allergies, vegetarian, etc.): _____

Please remember, the requirement to attend Family camp, is one must have a child attending the children portion of Camp New Dawn. Also it highly recommended for the parent/guardian who is attending Family Camp that they stay for the entirety to be able to fully benefit from the program. The 24 hour Adult Retreat will be from Aug. 10th- Aug. 11th and the children will be joining on August 11th with parent/guardian to complete the Family Camp portion that will end Aug. 12th

Our primary concern is the health and safety of every member of the Camp community. Camp New Dawn is a smoke-free, alcohol-free, drug-free, and weapon free community. There will not be a nurse at Camp so please bring any necessary medications your family will need.

Health Wellness Information: We will adhere to the CDC and WHO standard event safety protocols. We look forward to being together and our goal is to protect children, families, and staff. Any camper who comes in contact with someone who has tested positive for COVID-19, or tested positive themselves, or is experiencing any COVID/Flu/Stomach Virus like symptoms will not be permitted to attend camp program.

FOR YOUR INFORMATION

Rhonda Knotts ✨ 443-262-4109 ✨ Fax: 410-758-2185

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COMPASS

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PARENTS/GUARDIANS:

Please answer the questions below with as much detail as possible. The more we can understand what your family's grief journey has been thus far, the better we will be able to understand and support all of you.

When did your loved one die? What was your family's relationship like with your loved one?

What were the circumstances leading up to their death? Expected? Sudden?

What has your family's grief experience been like so far? Is there anyone who is struggling more than others?

Has anyone received support from a counselor or therapist? Has it helped? If yes, please explain.

How would you describe your family's communication style with each other?

What do you hope to take away from this experience?

Any additional comments or concerns about participating in Family Camp?

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