



Dear Prospective Camp Family,

Thank you so much for your interest in our Pathway to Hope Family Camp. The ultimate goal of our camp is to help families and children construct meaningful connections and deeper relationships. This will allow the children to not only survive but to ultimately thrive in life!

Please complete the following chart by indicating, in order of preference, which camp your family would like to attend as well as the application on the subsequent pages. Upon completion please email or mail your application back to Rendie Brown as well as pay the non-refundable \$50 application fee (this can be paid on our website by clicking donate now. Make a note on the payment that it is for the "PTH application fee"). If selected this fee will be applied to the overall camp fee.

Please contact me should you have any questions. We look forward to working with you and your family!

Rendie Brown, MA, LMFT  
 Director of Counseling Services  
 Anchor Point  
 1905 Capri Lane  
 Seabrook, TX 77586  
 832.632.1221 x200  
[Rendie@anchorpont.us](mailto:Rendie@anchorpont.us)

	Summer 2022
<b>Dates</b>	7/25-7/29
<b>Times</b>	8:30-4:00
<b>Pre-Camp Home visit</b>	TBS
<b>Pre-Camp 1</b>	7/10 1pm-5pm
<b>Pre-Camp 2</b>	7/24 4pm-6pm
<b>Post Camp</b>	8/7 2pm-5pm
<b>Post-Camp Home visit</b>	TBS
<b>Payment</b>	\$750 for family of 4 + \$100 per child after
<b>Expectations</b>	Attend all scheduled camp dates as well as corresponding sessions when applicable.



## Family Camp Application

### Camp Criteria

- Will your target child be between the ages of 5-13 on July 1, 2022? YES    NO
- Will your target child have been living within your home for one year? YES    NO
- Are you and your family willing to be photographed and videotaped? YES    NO
- Are both parents willing to complete a criminal background check? YES    NO
- Your family can participate in all camp, pre-camp, and post camp sessions? YES    NO

### Parent Information

	First Name	Last Name	Date of Birth	Cell Phone	Email
<b>Mother</b>					
<b>Father</b>					

### Contact Information

	Street Address	City	State	Zip Code
<b>Address</b>				

### Employment

	Degree	Occupation	Travel? Y or N	Work Schedule
<b>Mother</b>				
<b>Father</b>				

### Child Information

	First Name	Last Name	Date of Birth	Current Age (as of 7/1/22)
<b>Target Child</b>				

### Sibling Information

	First Name	Last Name	Date of Birth	Current Age (as of 7/1/22)
<b>Sibling 1</b>				
<b>Sibling 2</b>				
<b>Sibling 3</b>				

<b>Sibling 4</b>				
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<b>Family Member</b>	<b>Name</b>	<b>T Shirt Size</b>	<b>Food Allergies, Sensitivities, Preferences?</b>
<b>Father</b>			
<b>Mother</b>			
<b>Target Child</b>			
<b>Sibling 1</b>			
<b>Sibling 2</b>			
<b>Sibling 3</b>			
<b>Sibling 4</b>			

How did you hear about Anchor Point's Pathway to Hope Camp?

What brought you to completing an application for Pathway to Hope?

Where is your church home?

What does your family hope to gain from coming to camp?

What are you family's major strengths?

What are your family's major challenges?

As a parent(s), what are your major strengths?

Mother:

Father:

As a parent(s), what are your major challenges?

Mother:

Father:

Please list 3 goals you have for yourself during camp.

Mother:

A.

B.

C.

Father:

A.

B.

C.

**RETURN COMPLETED APPLICATION TO Amy Van Cise**  
**EMAIL: [AmyVanCise@ANCHORPOINT.US](mailto:AmyVanCise@ANCHORPOINT.US)**  
**MAIL: ANCHOR POINT, 103 DAVIS RD, SUITE B, LEAGUE CITY, TX 77573**