



## Application Instructions

Camp Periwinkle, a program developed, funded and provided by The Periwinkle Foundation, is a week-long overnight camp for children with cancer who are treated at Texas Children's Hospital.

- To be eligible for Camp Periwinkle, ***your child must have been seen by the Cancer Center within the past year.***
- Campers must be ages 7 to 15 to attend camp.
- Siblings, within the same age range, may attend camp **WITH** the patient. Cousins or friends may **NOT** substitute for a brother or sister.
- Camp is free of charge to all campers.
- **Full vaccination is required for all campers, volunteers and staff attending Camp Periwinkle.**

### **Application – Two ways to apply**

1. **Online Application** – Visit <https://periwinkle.campmanagement.com/campers>. See the online application instructions page to apply online.

**Or**

2. **Paper Application** - Please fill out the attached application. It is extremely helpful if you provide a current work or home email address so we may contact you.

After submitting an application, you will receive an “Application Received” email or letter confirming your application has been received. If you do not receive an “Application Received” email or letter for both the patient (and sibling), please contact The Periwinkle Foundation.

***The completion of an application does not guarantee acceptance to Camp Periwinkle.*** After the application deadline, you will receive a letter or email letting you know whether your child has been accepted to camp or has been placed on the waitlist. If your child is accepted, the necessary forms for camp, with instructions, will be included.

### **Waitlist**

Medical staff from Texas Children’s Hospital review all camper applications and decide who will attend camp based on current treatment plan, medical conditions, as well as previous camp attendance.

### **If you have any questions or concerns, please contact:**

Larry Geiger  
The Periwinkle Foundation  
3400 Bissonnet Street, Suite 185  
Houston, TX 77005  
lgeiger@periwinklefoundation.org  
(713) 807-0191 Phone  
(346) 444-9730 Direct Line  
(713) 807-0291 Fax

or

Michelle Fritsch (Hablo español)  
713-501-8128  
fritsch.michelle@gmail.com

### **IMPORTANT DATES**

Application due: **May 17, 2024**

Camp Periwinkle: **Sunday, July 21<sup>st</sup> – Saturday, July 27<sup>th</sup>**

**KEEP THIS INFORMATION - YOU WILL NEED IT LATER!**





## General Information

- All campers, volunteers and staff will be required to have completed a primary COVID vaccination series and are **highly encouraged** to have the bivalent Omicron COVID booster. In addition, all campers, volunteers, and staff must take a rapid COVID test, provided by The Periwinkle Foundation, when they arrive at bus loading/camp.
- Camp Periwinkle is funded and organized by The Periwinkle Foundation. Camp YOLO, Periwinkle Day Camp, Periwinkle Family Camp, Periwinkle Arts In Medicine Program in partnership with Texas Children's Hospital, and an adult Long Term Survivor Program are also funded and organized through The Periwinkle Foundation.
- The camp is located 1.5 hours from northwest of Houston, in Burton, Texas. Your camper can ride the bus to and from camp or you can drive your camper to camp.
- A medical staff consisting of a pediatric oncologist, nurses, pediatric nurse practitioner, and pharmacists is on duty 24 hours a day. Other doctors and nurses attending camp are available to drive patients back to Houston should a medical need arise.
- Camp activities include the challenge course, archery, canoeing, fishing, horseback riding, a small animal farm, biking, arts and crafts, glamour shots, swimming, cooking, parties, and much more.
- Each cabin has 3-4 counselors that are age 18 and older. The Head Counselor is an experienced Camp Periwinkle counselor over 21. Periwinkle employs a thorough screening process for all new counselors that includes letters of reference, a criminal background check, a National Sex Offender Registry check and personal interviews.
- Campers share one large barrier free bathroom with multiple showers and toilets, separated by curtains. Each camper gets a cubby for toiletries.
- Clothing, bedding, and toiletries are available for those families who need assistance. We ask that you let us know in advance if you know need assistance with these items.
- The dining hall, health hut, arts & crafts and cabins have air conditioning.



## Online Application Instructions

### 1. **For CAMPERS that applied/attended a Periwinkle camp programs**

- a. You already have family profile
- b. please visit <https://periwinkle.campmanagement.com/campers> and log in.
- c. Begin with Step 3**
- d. If you've forgotten your password, please contact Larry Geiger at [lgeiger@periwinklefoundation.org](mailto:lgeiger@periwinklefoundation.org) or 713-807-0191.

### 2. **For NEW CAMPERS, follow these steps**

Step 1: Visit <https://periwinkle.campmanagement.com/enroll>

Step 2: Create a Family Profile

Please fill out camper(s), parent(s), and home address information and click on the "Continue to Enrollment Options" button.

*You will receive your login and password to log in to the Parent Dashboard via the email address you provide below. This is NOT the application. You will fill out the application once you are in the Parent Dashboard.*

### **Step 3: Click Enroll "Camper Name" for 2024.**

Step 4: Enrollment Options

Select the green "Add Enrollment Option", then click "Save and Continue"

Step 5: Camp Questions

Answer all the questions (some are mandatory), then click "Save and Continue"

Step 6: Camp Forms

Camp forms will be available in June after your child has been accepted to Camp Periwinkle. Click "Save and Continue"

Step 7: Checkout

**Payment is not required.** Read the terms and conditions, then check the box "I have read and agree to the enrollment terms and conditions for The Periwinkle Foundation". Type your full name in the signature box and submit enrollment request.

### **If you have any questions or concerns about the online application, please contact:**

Larry Geiger

The Periwinkle Foundation

[lgeiger@periwinklefoundation.org](mailto:lgeiger@periwinklefoundation.org)

(713) 807-0191 Phone

(346) 444-9730 Direct Line



Apply Online:  
<https://periwinkle.campmanagement.com/enroll>  
 or complete this paper application

# PATIENT

APPLICATION DEADLINE: **MAY 17, 2024**

## CAMP PERIWINKLE PATIENT APPLICATION

*(Please print clearly. Use only black or blue ink)*

Camper Name \_\_\_\_\_ Gender **Male** **Female** Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Age at Camp \_\_\_\_\_ Grade in School (2024-25) \_\_\_\_\_ Camper's Ethnicity (*Optional, demographic purposes only*) \_\_\_\_\_

T-shirt size \_\_\_\_\_ Shoe size \_\_\_\_\_ Camper's preferred language - **English** **Español** Special Diet **Yes** **No**

**Parent Name/Guardian(s) with whom child lives:**

Parent/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

**If the camper does not live with both parents, please list the other parent (or guardian) below.**

Parent/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

Has your child received the COVID 19 vaccine? **Yes** **No** Which Vaccine? **Pfizer** **Moderna** **Johnson & Johnson**

Date of 1<sup>st</sup> dose \_\_\_\_\_ 2<sup>nd</sup> dose \_\_\_\_\_ Booster \_\_\_\_\_

Has your child been seen at TCH in the last year? **Yes** **No** If yes, when was the last visit? \_\_\_\_\_

Is your child currently receiving treatment for their cancer? **Yes** **No** Will your child be taking routine medications at camp? **Yes** **No**

What type of cancer is/was your child treated for? \_\_\_\_\_

Who is/was your child's nurse coordinator? \_\_\_\_\_

*(Please complete a sibling application for the sibling)*

Name of brother or sister who wishes to attend camp. \_\_\_\_\_

Would you prefer receiving information by email or in the mail? **Email** **Mail** Parent/Guardian's preferred language - **English** **Español**

**I hereby authorize you to review all medical information concerning my child**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS MUST BE COMPLETED AND RETURNED TO:**

The Periwinkle Foundation  
 Camp Periwinkle  
 3400 Bissonnet St, Suite 185  
 Houston, TX 77005  
**Fax: 713-807-0291**

**OR**

Texas Children's Cancer Center and Hematology Center  
 Share Desk/ 14<sup>th</sup> Floor  
 6701 Fannin St  
 Houston, TX 77030



*Camp Periwinkle is a program of The Periwinkle Foundation, a 501(c)(3) organization which develops and provides programs that positively change the lives of children, young adults and families who are challenged by cancer and other life threatening illnesses and are cared for at Texas Children's Hospital.*



Apply Online:  
<https://periwinkle.campmanagement.com/enroll>  
 or complete this paper application

# SIBLING

APPLICATION DEADLINE: MAY 17, 2024

## CAMP PERIWINKLE SIBLING APPLICATION

*(Please print clearly. Use only black or blue ink)*

Camper Name \_\_\_\_\_ Gender **Male** **Female** Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Age at Camp \_\_\_\_\_ Grade in School (2024-25) \_\_\_\_\_ Camper's Ethnicity (*Optional, demographic purposes only*) \_\_\_\_\_

T-shirt size \_\_\_\_\_ Shoe size \_\_\_\_\_ Camper's preferred language - **English** **Español** Special Diet **Yes** **No**

**Parent Name/Guardian(s) with whom child lives:**

**Parent/Guardian Name** \_\_\_\_\_ **Relationship to Camper** \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship to Camper** \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

**If the camper does not live with both parents, please list the other parent (or guardian) below.**

**Parent/Guardian Name** \_\_\_\_\_ **Relationship to Camper** \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

Has your child received the COVID 19 vaccine? **Yes** **No** Which Vaccine? **Pfizer** **Moderna** **Johnson & Johnson**

Date of 1<sup>st</sup> dose \_\_\_\_\_ 2<sup>nd</sup> dose \_\_\_\_\_ Booster \_\_\_\_\_

Name of brother or sister who is a patient. \_\_\_\_\_

Will your child be taking routine medications at camp? **Yes** **No**

Would you prefer receiving information by email or in the mail? **Email** **Mail**

Parent/Guardian's preferred language - **English** **Español**

**I hereby authorize you to review all medical information concerning my child.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICATIONS MUST BE COMPLETED AND RETURNED TO:**

The Periwinkle Foundation Camp Periwinkle 3400 Bissonnet St, Suite 185 Houston, TX 77005 <b>Fax: 713-807-0291</b>	<b>OR</b>	Texas Children's Cancer Center and Hematology Center Share Desk/ 14 <sup>th</sup> Floor 6701 Fannin St Houston, TX 77030
---	-----------	---



*Camp Periwinkle is a program of The Periwinkle Foundation, a 501(c)(3) organization which develops and provides that positively change the lives of children, young adults and families who are challenged by cancer and programs other life threatening illnesses and are cared for at Texas Children's Hospital.*