



Application Instructions

Periwinkle Day Camp, a program developed, funded and provided by The Periwinkle Foundation, is a week-long day camp hosted in Houston for children receiving care from Texas Children's Cancer and Hematology Centers.

- To be eligible for Periwinkle Day Camp, ***your child must have been seen by the Cancer and Hematology Centers within the past year.***
- Campers must be ages 7 to 12 to attend camp.
- Each patient can bring one sibling, within the same age range. Siblings must attend **WITH** the patient. Cousins or friends may **NOT** substitute for a brother or sister.
- Camp is free of charge to all campers.

Application – Two ways to apply

1. **Online Application** – Visit <https://periwinkle.campmanagement.com/campers>. Please see the Online Application Instructions page for instructions on applying online.

Or

2. **Paper Application** - Please fill out the application clearly and completely. It is extremely helpful if you provide a current work or home email address.

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 Periwinkle Day Camp. 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 regimens, medical conditions, as well as previous camp attendance.

If you have any questions or concerns, please contact:

Anais Saenz
asaenz@periwinklefoundation.org
(713) 807-0191
The Periwinkle Foundation
3400 Bissonnet Street, Suite 185
Houston, TX 77005

IMPORTANT DATES

Application due: **April 24, 2026**
Periwinkle Day Camp: **June 15-19, 2026, 7:00 a.m. to 4:30 p.m. daily**

KEEP THIS INFORMATION - YOU WILL NEED IT LATER!



Periwinkle Day Camp 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.



General Information

- We NO LONGER require proof of the COVID-19 vaccination nor a rapid COVID test.
- The Periwinkle Foundation raises the necessary funding and runs Periwinkle Day Camp is provided free of charge to patients, ages 7-12, receiving care from Texas Children's Cancer and Hematology Centers. Each patient can bring one sibling, within the same age range.
- Periwinkle Day Camp is June 15-19, 2026, from 7:00am to 4:30pm daily. *You are responsible for providing transportation to drop off and pick up your child(ren) each day.*
- Breakfast, lunch, and snacks are provided free of charge each day.
- Periwinkle Day Camp is hosted at St. Vincent de Paul Catholic Church at 6800 Buffalo Speedway, Houston, Texas 77025 (on the SW corner of Buffalo Speedway and Holcombe Blvd). The Periwinkle Foundation does not have a religious affiliation with this church.
- A medical staff from Texas Children's Hospital will be on-site each day.
- Each group has 3 to 4 counselors that are age 15 and older. Periwinkle employs a rigorous screening process for all counselors that includes letters of reference, a criminal background check, a National Sex Offender Registry check and personal interviews.
- Medical staff from Texas Children's Hospital review all camper applications and decide who will attend camp based on current treatment regimens, medical conditions, as well as previous camp attendance.



PERIWINKLE DAY CAMP

Online Application Instructions

1. **For CAMPERS that applied/attended Day Camp**

- a. You already have a 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 or 346-444-9730.

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 2026.

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 May after your child has been accepted to Periwinkle Day Camp. 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.



PATIENT

Apply Online:<https://periwinkle.campmanagement.com/campers>

or complete this paper application

PERIWINKLE DAY CAMP 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 (2026-27) _____ Camper's Ethnicity (Optional, demographic purposes only) _____

T-shirt size _____ Camper's preferred language - **English** **Español** Special Diet **Yes** **No****Parent Name/Guardian(s) with whom child lives with:**

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 # _____

Which clinic does your child currently attend? **Hematology** **Oncology**Has your child attended Periwinkle Day Camp before? **Yes** **No** If yes, how many times? _____

The last date your child has been seen at TCH? _____

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

(Please complete a sibling application for the sibling)

Name of brother or sister who wishes to attend camp. _____

Would you prefer receiving information in the mail or by email? **Mail** **Email** **Both****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; ATTN: Periwinkle Day Camp
3400 Bissonnet St, Suite 185, Houston, TX 77005
Fax: 713-807-0291

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SIBLING

PERIWINKLE DAY CAMP 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 (2026-27) _____ Camper's Ethnicity (Optional, demographic purposes only) _____

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

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

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 this child attended Periwinkle Day Camp before? Yes No If yes, how many times? _____

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

Name of brother or sister who wishes to attend camp. _____

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

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

Signature of Parent or Guardian _____ Date _____

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