



2021 WINTER RETREAT APPLICATION

Please fill out, sign and return this form with the refundable deposit per family to:
ND Post Adopt Network, 5201 Bishops Boulevard Suite B., Fargo, ND, 58104
(Attention: Post Adopt Supervisor)

Family Name: _____ # of Adults: _____ # of Children: _____
 Address: _____
 City, State/Province, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

- **The Winter Retreat will be held April 23-25, 2021 at Crystal Springs Bible Camp in Medina, ND.**
- **We are limited in the number of guardianship and adoptive families we can have participate. Adoption must be finalized in order to participate in camp. Current foster youth or youth in adoptive placement are not eligible to attend.**
- **Family selection for camp attendance will be at the discretion of the ND Post Adopt Network.**
- **Applications must be postmarked by Friday, April 9th, 2021.**

Parent 1: _____ Cell Phone: _____
 Birth Date: _____ Sex: _____ Preferred Pronouns: He She _____
 Dietary Restrictions/Allergies: _____

Parent 2: _____ Cell Phone: _____
 Birth Date: _____ Sex: _____ Preferred Pronouns: He She _____
 Dietary Restrictions/Allergies: _____

Child 1: _____ Grade: _____
 Preferred Pronouns: He She _____ Birth Date: _____
 Dietary Restrictions/Allergies: _____

How did your child join the family?		
<input type="checkbox"/> Biological Child	<input type="checkbox"/> Guardianship Date of Guardianship: _____	<input type="checkbox"/> Adoption Date of Finalization: _____ <input type="checkbox"/> Infant Adoption <input type="checkbox"/> Foster care adoption <input type="checkbox"/> International Adoption <input type="checkbox"/> Other domestic adoption

Behavioral or medical needs to be aware of (if any): _____

List any interventions that are helpful for us to know: _____

Child 2: _____ Grade: _____
 Preferred Pronouns: He She _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

How did your child join the family?		
<input type="checkbox"/> Biological Child	<input type="checkbox"/> Guardianship Date of Guardianship: _____	<input type="checkbox"/> Adoption Date of Finalization: _____ <input type="checkbox"/> Infant Adoption <input type="checkbox"/> Foster care adoption <input type="checkbox"/> International Adoption <input type="checkbox"/> Other domestic adoption

Behavioral or medical needs to be aware of (if any): _____

List any interventions that are helpful for us to know: _____

Child 3: _____ Grade: _____

Preferred Pronouns: He She _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

How did your child join the family?		
<input type="checkbox"/> Biological Child	<input type="checkbox"/> Guardianship Date of Guardianship: _____	<input type="checkbox"/> Adoption Date of Finalization: _____ <input type="checkbox"/> Infant Adoption <input type="checkbox"/> Foster care adoption <input type="checkbox"/> International Adoption <input type="checkbox"/> Other domestic adoption

Behavioral or medical needs to be aware of (if any): _____

List any interventions that are helpful for us to know: _____

Child 4: _____ Grade: _____

Preferred Pronouns: He She _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

How did your child join the family?		
<input type="checkbox"/> Biological Child	<input type="checkbox"/> Guardianship Date of Guardianship: _____	<input type="checkbox"/> Adoption Date of Finalization: _____ <input type="checkbox"/> Infant Adoption <input type="checkbox"/> Foster care adoption <input type="checkbox"/> International Adoption <input type="checkbox"/> Other domestic adoption

Behavioral or medical needs to be aware of (if any): _____

List any interventions that are helpful for us to know: _____

(You can add additional children on an additional page)

Family goals, hopes, expectations of attending retreat:

Our goal is to provide a well-rounded retreat experience for all participants. To aid us in accomplishing this goal, we ask participants to inform us of any additional special needs or limitations.

Please check off each box to indicate you have read each item.

- I understand that *ND Post Adopt Network Winter Retreat* is designed for families that **have adopted either privately, internationally, through the foster care system (AASK), or provide guardianship to a youth in their home.**
- I understand that my family must include one (1) minor adopted child currently living with my family to be eligible to attend camp.
- I understand that *ND Post Adopt Network Winter Retreat* is welcoming and inclusive of all families and life situations.
- I understand that submitting an application and deposit does not guarantee my family's participation in camp. After the *ND Post Adopt Network* receives a family's application, they will be contacted to discuss next steps for completing the application process.
- I understand that if I have a current foster child(ren) in the home, they are not able to attend.
- Our primary concern is the health and safety of every member of the camp community. *ND Post Adopt Network Winter Retreat* is a smoke-free, alcohol-free, drug-free, and weapon-free community.
- I understand that my children are my full responsibility while at *ND Post Adopt Network Winter Retreat*.
- There will not be a nurse at *ND Post Adopt Network Winter Retreat*, so families will need to bring and administer any necessary medications for their own family.
- I hereby give myself and my child(ren) permission to participate in *ND Post Adopt Network Winter Retreat* activities.
- I understand that a \$50 deposit per family member is required to process my application, but is refundable per information on page 4 of application.
- I understand that part of the retreat experience involves activities and group interactions that may be new to me and my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of myself and my child. I realize that no environment is risk-free, therefore I understand and have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that we are familiar with these rules and will obey them.
- I agree that *ND Post Adopt Network Winter Retreat* has my permission to use photographs, video or

likenesses of my child and/or me for promotional purposes, unless I indicate otherwise in writing.

- I agree that *ND Post Adopt Network Adoption Camp* may share my family's contact information with other retreat families for communication purposes only, unless I indicate otherwise in writing.
- I understand that the *ND Post Adopt Network Coordinator* reserves the right to remove any participant who:
 - a) Willfully disregards retreat rules, or who endangers his/her or others' safety;
 - b) Harms himself/herself or other members of the community;
 - c) Destroys camp property or the property of another member of the camp community;
 - d) Requires greater supervision than can reasonably be offered by the camp;
 - e) Does not follow the camp rules;
 - f) Acts in any way which the *ND Post Adopt Network Coordinator*, at his/her sole discretion, finds to be detrimental to the retreat environment.

PAYMENT INFORMATION

2021 WINTER RETREAT FEES *A refundable deposit of \$50.00 per family member attending winter retreat is required to process your application. Your deposit will be returned to you at registration at the ND Post Adopt Network Winter Retreat.*

- I have enclosed an application deposit check.**
 - ***A deposit of \$50.00 per family member is required to process your application.*** (Example: 3 people in your family = \$150 or 5 people in the family = \$250) Deposit is 100% refundable under the following conditions:
 - 1) Your family is not eligible for the retreat.
 - 2) You are registered for the retreat but cancel within 30 days prior to your retreat session.
 - 3) You are registered for retreat and attend the retreat.
 - **Deposit will not be refunded if family cancels less than 30 days prior to scheduled camp session.**
 - The time frames will be enforced to ensure a family on the waiting list is able to attend.

Please enclose a deposit check made payable to ***ND Post Adopt Network***.

For questions or more information contact:

ND Post Adopt Network
Post Adopt Supervisor
5201 Bishops Boulevard, Suite B
Fargo, ND, 58104
Phone: 701-356-7992
Email: postadopt@catholiccharitiesnd.org