



## 2026 Bloom Camp Registration

Bloom Camp is a collaboration between enCourage Advocacy Center and Prairie Loft. We are offering a 3-day Bloom Camp for kids of all genders who will be in middle school for the 2026-27 school year. The program will be held August 4th - 6th from 9-2. The curriculum focuses on building confidence, and connection - with both self and others - in a natural outdoor setting. The goal of this program is to support children in developing a strong sense of authentic self, healthy relationships, and community.

**We want to inspire youth in our community to *bloom* into their best selves.**

### Scheduled Dates:

- August 4th, 2026, from 9 am - 2 pm
- August 5th, 2026, from 9 am - 2 pm
- August 6th, 2026, from 9 am - 2 pm

### Bloom Camp will take place at Prairie Loft and will include:

- Developing increased awareness of their personal strengths and values, with concrete strategies for how to be confident and true to themselves in their various roles
- Practice with communication, problem-solving, and leadership skills to help them navigate the complexities of various contexts and people
- Appreciation for the importance of authentic connections/relationships with oneself, others, and the community
- Circle Time: A safe place for participants to share their thoughts, questions, and feelings
- Active Learning: Exposure to fun, movement, creative art, and cooperative activities to promote respect and appreciation for self, others, and nature
- A meal and a nutritious snack.

### There is no registration fee for the Bloom Program

Enrollment is **limited to 15 youth**. At least two adults, including enCourage and Prairie Loft Staff, will be present each day. Registered families will receive further info prior to camp from [info@encouragecenter.org](mailto:info@encouragecenter.org).

Prairie Loft Center for Outdoor and Agricultural Learning is located just west of Hastings at 4705 DLD Road.

Please email this completed form to [info@encouragecenter.org](mailto:info@encouragecenter.org).

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Gender \_\_\_\_\_

Pronouns (pronouns are the words people can use to refer to us when they don't say our name; for example, she, her, he, him, they, them) \_\_\_\_\_

**Parent/Guardian 1:** Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Alternate Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Email address \_\_\_\_\_

**Parent/Guardian 2:** Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Alternate Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Email address \_\_\_\_\_

**Local Emergency Contact** (*authorized to act on behalf of parent(s) if they cannot be reached*)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Health/Behavioral Information

We want to ensure a positive and supportive experience for every child who attends Bloom Camp. To help us better understand and support your child, please share any information about allergies, sensitivities, physical/cognitive conditions, behavioral, social, or emotional considerations that might help our staff create a comfortable and successful experience for each child.

\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Authorizations

My child (or ward) has permission to participate in the Bloom Program activities during the sessions and programs in which they are enrolled. I understand that outdoor activities may have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants.

I will ensure that my child is properly prepared for all activities, including having proper clothing and equipment, being in good health, and being willing and able to participate in Bloom Program activities.

I understand that I will be notified as soon as possible in case of any emergency, unusual illness, or injury affecting my child. In the event that I cannot be reached, I hereby authorize the alternate contact people to act on my behalf and authorize enCourage staff to contact a physician if necessary. I hereby give programming staff and volunteers permission to provide appropriate routine and emergency care for my child.

I understand that my child may appear in photographs or videos while participating in camp activities. Prairie Loft or enCourage may use the photo or film for publicity, promotional, or educational purposes.

*Optional: If you do not want your child's photograph used by enCourage or Prairie Loft, initial here:* \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_\_\_

