



REGISTRATION FORM

- A separate registration form must be filled out for each child attending camp.
- Please use a pen and print clearly when completing the registration form.
- **All applications will be processed when the following items are received in our office:**
 1. Completed registration form with a recent photo attached
 2. Medication Disbursement Release Form (if necessary)
 3. \$50.00 REFUNDABLE deposit (per family), check payable to the Children's Grief Connection of Minnesota.

Mail your **completed application form(s)** with **attached photo(s)** and a check for the **\$50 deposit** (per family) to the address below.

**Children's Grief Connection of Minnesota
72351 Pine River Road
Willow River, MN 55795**

Please make checks payable to the **Children's Grief Connection of Minnesota**.

THIS SECTION TO BE COMPLETED BY REFERRING FUNERAL HOME/FUNERAL DIRECTOR

I am a licensed funeral director in the state of _____. I am referring this child, _____, to attend

Hearts of Hope Camp. I am a member not a member of the Minnesota Funeral Directors Association which supports the camp.

Name _____ Funeral Home _____

Signature _____ Date _____

Space is limited and registrations are accepted in the order they are received. Apply early to ensure availability!

Questions or Concerns?

Call (877) 226-7632 or visit our website at www.childrensgriefconnection.com

Children's Grief Connection - Hearts of Hope Teen Retreat Registration

Today's Date: _____

Which camp do you wish to have your child attend?

November 20 - 21, 2010 near Maple Lake April 16 - 17, 2011 near Little Falls

Male Female

CAMPER INFORMATION

First Name _____ Last Name _____

Name to be printed on camper name tag (if different than formal given name) _____

Date of birth _____ Age _____ School _____ Grade _____

E-mail Address _____ Address _____

City _____ State _____ Zip _____

T-Shirt Size (check one)

Youth: Small (6-8) Medium (10-12) Large (14-16)

Adult: Small (34-36) Medium (38-40) Large (42-44) X-Large (46) XXL

Place a photo of your child here.

PARENT/GUARDIAN INFORMATION

Mother/Guardian _____

Father/Guardian _____

Address (if different from camper) _____

Address (if different from camper) _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Cell Phone _____

Cell Phone _____

E-mail Address _____

E-mail Address _____

Emergency Contact _____ Phone _____ Alt. Phone _____

INFORMATION ABOUT THE PERSON WHO HAS DIED

First Name _____ Last Name _____ Relationship to the child _____

Date of birth _____ Date of death _____ Did camper witness the death? _____

Cause of death? _____ Please explain any info you feel may be helpful for

us to know surrounding the death: _____

Did the child live with the person who died? _____ Please describe their relationship: _____

Are there any specific concerns or pertinent information such as inappropriate or aggressive behaviors or incidents, re-marriage, re-location of the child after the death to another community, additional losses, difficulty in school or in relationships with others, etc.

Please explain: _____

Please tell us about your child's personality, character traits, interests and activities (sports, games, dolls, crafts, educational, etc.): _____

over

Has your child been in any support groups? _____ If yes, please explain: _____

Please list the names, ages and birthdates of other children and adults living in your home:

What are your expectations of Hearts of Hope Teen Retreat? _____

Does your child have any health problems, allergies, medications, or special needs? _____

If your child is currently taking any medications, you must complete the **Medication Disbursement Form**.

It can be found on our website at www.childrensgriefconnection.com/forms or call our office at (877) 226-7632.

PHOTO/MEDICAL RELEASE

Children's Grief Connection/Hearts of Hope Teen Retreat has my permission to: (please check yes or no)

- Use any photos taken of my child at Hearts of Hope Camp for brochures, slide shows, news releases, ect. Yes No
- Treat my child with emergency medical care, if necessary. Yes No
- Distribute medication(s) to my child as prescribed. Yes No

Parent or guardian's name _____ Signature _____

Relationship to the child _____ Date Signed _____

Through the generous support of Minnesota's funeral directors, the funeral service community, and many others who care about children, Hearts of Hope Teen Retreat is free to all campers.

However, we do ask each family for a REFUNDABLE \$50 deposit, per family, to reserve your child's place at camp and to help defray some of the costs incurred in the event that you cancel. In the event you cancel WITHOUT NOTICE, your \$50 deposit will be forfeited.

Check this box if you would like to receive your deposit back after your child attends camp. If you do not check the box, we will consider your deposit a generous, tax-deductable donation to the Children's Grief Connection of Minnesota.

Questions? Call (877) 226-7632 or visit our website at www.childrensgriefconnection.com.