



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. \$100.00 NON-REFUNDABLE deposit (per camper/teen), check payable to the Children's Grief Connection of Minnesota.
 4. Remaining balance of \$50.00 (per camper/teen), due day of camp registration.

Mail your **completed application form(s)** with **attached photo(s)** and a check for the **\$100 deposit** (per camper/teen) 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 Camp Registration

Today's Date: _____

Which camp do you wish to have your child attend? _____

Visit our website at www.ChildrensGriefConnection.com for upcoming camp dates.

Male Female

RETURNING 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 _____

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 or deaths, difficulty in school or in relationships with others, etc.

Please explain: _____

over

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

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:

_____	_____
_____	_____
_____	_____
_____	_____

Which camp did your child attend? _____

Who were your child's camp counselors? _____

What are your expectations of Hearts of Hope Camp? _____

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 of Minnesota/Hearts of Hope Camp 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 _____

Children's Grief Connection

MEDICATION DISBURSEMENT FORM

CAMPER INFORMATION

First Name _____ Last Name _____ Date of Birth _____

Medication	Prescribed for
_____	_____
When Given	

Medication	Prescribed for
_____	_____
When Given	

Medication	Prescribed for
_____	_____
When Given	

Medication	Prescribed for
_____	_____
When Given	

Medication	Prescribed for
_____	_____
When Given	

Medication	Prescribed for
_____	_____
When Given	
