



A one-day grief camp for children who have experienced the death of a loved one



When:

Sunday, April 22, 2018

Hours:

12:00 p.m. – 4:00 p.m.

Who:

Kids Good Grief is open to
children ages 6-12

*A brief parent presentation will be
held at the end of camp, please arrive
by 3:10 p.m. to participate.*

Where:

Erin's Pavilion Southwind Park
4965 S. Second St., Springfield, IL

Cost:

\$10 registration fee
(Scholarships are available)
Registrations received by April 1
will receive a free T-shirt.

KIDS GOOD GRIEF is
proudly sponsored
and provided by
the Staab Family
of Springfield and
Counseling Associates
of Springfield. For
more information
call (217) 247-4421.



Honoring Life™

As the parent or caregiver of a child who has experienced the death of a loved one, perhaps you're wondering how you can best support your child through the grieving process.

Grieving children often feel isolated because they rarely know anyone their age who has experienced the death of a friend or family member. Grief comes in "waves" for children. Support can be beneficial whether it has been just weeks, several months or even years since the death of a loved one.

Through Kids Good Grief, children can share their experiences with other children – validating each other's feelings and lessening their sense of isolation. In doing so, they can help each other in their individual healing journeys.

Kids Good Grief is an afternoon of both support and fun. Your child will learn valuable tools to help them grieve in a healthy way, while connecting with other children, making new friends and participating in a wide range of activities.

REGISTER YOUR CHILD TODAY

Space at Kids Good Grief is limited, so please register early. Our staff may contact you during the screening and application process if they have questions or concerns. Likewise, you are welcome to contact us with your questions about the camp.



Registration ends April 16.

Late registration will be considered if space is available.



REGISTRATION FORM

Camper's Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ City: _____ Zip Code: _____

☐ Male ☐ Female

Child's School: _____ Grade: _____

*If registering by April 1 please complete child's t-shirt size. Youth (s,m,l,xl) _____ or Adult (s,m,l) _____

CONTACT INFORMATION

Parent/Guardian: _____

Phone: _____ Cell: _____

Who has died in your family? _____ Relationship to Camper: _____

Age(s) of person(s) who died: _____ When did death occur? _____

Cause of death? _____

(please give us any important details, such as who was with the person when they died, if it was expected, etc.)

Did the child witness the death? ☐ YES ☐ NO Did the child live with the person who died? ☐ YES ☐ NO

Please describe their relationship _____

SPECIAL INFORMATION ABOUT THE CHILD

Y ☐ N ☐ Allergies (i.e. food, insects, medications)
(*please specify _____)

Y ☐ N ☐ Health Concerns? (i.e. diabetic, ADHD, asthma)

Y ☐ N ☐ Does the child take any medications regularly?

Y ☐ N ☐ Any medications that the child will need to take while at camp?

Y ☐ N ☐ Child is/has been receiving counseling

Y ☐ N ☐ Is the counseling grief related?

Y ☐ N ☐ Child is shy

Y ☐ N ☐ Child has specific fears (i.e. animals, storms)

Sometimes expresses grief feelings by:

_____ Acting out (i.e. argumentative)

_____ Dreams

_____ Irritability

_____ Behavior Change (i.e. neat to "messy")

_____ Clinging

_____ Worries

_____ Withdrawal

_____ Personality Change (i.e. outgoing to shy)

_____ Other _____

P A R E N T C O N S E N T

I am the ☐ Parent ☐ Guardian

I give my permission for the minor to attend Kids Good Grief camp sponsored by Staab Funeral Home.



I hereby release, indemnify, hold harmless Staab Funeral Home, Ltd, its shareholders, directors, officers, employees, and agents, Counseling Associates of Springfield, and all of their volunteer assistants from any and all claims, causes of action, suits, liability, for any personal injury, death or other loss arising from my child's attending Kids Good Grief Camp, and for any medical costs incurred should medical treatment be provided as permitted herein. Should injury or illness occur, I give my permission for medical treatment and transportation (if necessary) to:

Hospital Name: _____

Physician's Name: _____

Insurance Policy: _____ Member I.D. # _____

☐ YES

☐ NO

I hereby consent and give permission for my child to be included in photographs which may be taken during Kids Good Grief camp for press coverage and/or future promotional brochures.

Print Name

Date

Signature

ALL INFORMATION IS CONFIDENTIAL

Make checks payable to Staab Funeral Homes.

Space is limited and registrations will be accepted in the order received.

Print and mail completed forms to:
Counseling Associates of Springfield
2663 Farragut Drive Suite B
Springfield, IL 62704

or

e-mail completed form to:
tracyhowland@gmail.com

