



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

**When:**

Sunday, April 14, 2024

**Hours:**

12:00 PM – 4:00 PM

**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 at Southwind Park  
4965 S. 2nd St., Springfield, IL

**Cost:**

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

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.

KIDS GOOD GRIEF CAMP is proudly sponsored and provided by the Staab Family of Springfield. For more information call (312) 890-2241.



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## 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 1st.**

**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



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

I hereby release, indemnify, hold harmless Staab Funeral Home, Ltd, its shareholders, directors, officers, employees, and agents, Melissa Franzen, PhD, LCPC, 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:  
Melissa Franzen, PhD, LCPC  
4481 Ash Grove Drive  
Springfield, IL 62711

or

e-mail completed form to:  
MelissaFranzen07@gmail.com

