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Dear Parents,

Conley Outreach Community Services is excited to announce its first annual Good Grief Day Camp. This year's camp, *Your Unique Grief Journey*, will be held June 21-25 from 9am-Noon at the Conley Farm, 47w085 Main Street Road, in rural Elburn, just west of Kaneville.

This new program is a one-week, non-residence camp designed specifically for children ages 6-12 who have lost a parent or sibling to death. The camp will employ the healing elements of music, theater, art and nature to help children on their unique grief journey. In addition, spending time with other children who have experienced a similar loss will help them understand that they are not alone in their grief.

At Good Grief Day Camp, our goal is to help children begin the healing process by meeting them wherever they are in their feelings, offering understanding, and helping them express their grief experience and feelings.

Enclosed is a camp application and sample schedule. Because this is a pilot program, registration will be limited to 20 children and only to those who have lost a parent or sibling to death. The application deadline is June 10, 2010. The cost of the camp is \$50 per camper, with a \$100 limit per family. Scholarships are available to offset the cost of the camp. Please mark the scholarship box on the application if your child will need financial assistance to attend.

If you have any questions about the camp or the registration form, please feel free to contact me.

With warmest regards,

*Carol Werdin Alfrey*

Carol Werdin Alfrey  
Acting Executive Director  
Conley Outreach Community Services  
630/365-2880  
[calfrey@att.net](mailto:calfrey@att.net)

# Conley Outreach Community Services Good Grief Day Camp Application 2010

## *Your Unique Grief Journey*

June 21-25, 2010 9am-Noon

### Camper Information

Camper's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Camper's Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ School Name: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

### Parent or Legal Guardian

#### Emergency contact information

Preferred Method of Contact:  home phone  work phone  cell phone  email

Parent or Legal Guardian Name : \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address if different from camper : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Day-time Phone: \_\_\_\_\_

### Emergency treatment permission

In the event that I/my other contact cannot be reached in an emergency, I give the staff at the Conley Outreach Grief Camp permission to secure proper emergency treatment. I understand that I am responsible for any cost incurred for that treatment.

\_\_\_\_\_  
signature: parent/guardian/relationship to child

\_\_\_\_\_  
date

Every child at Good Grief Day Camp has experienced the death of a parent or sibling. In order to provide the best experience possible for your camper, it is helpful for us to understand the unique loss that each child has experienced. Please answer the following questions at your discretion. Your answers will be kept confidential and will be shared only as needed with our camp lead staff.

Deceased Person's Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Year/date of death: \_\_\_\_\_

Tell us a little bit about the loss that your child experienced, including the cause of death:

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What behaviors have you noticed in your child since the loss?

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Is there any other information that you would like us to know about your child? Please list anything that you feel will help us know your child better.

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### Photo & Video

I give permission to Conley Outreach to take and use photographs or videos of camp activities that contain an image of my child for the limited purpose of promotion and advertising.

accepted:

refused:

\_\_\_\_\_  
signature of parent/guardian/relationship to child /date

\_\_\_\_\_  
signature of parent/guardian/relationship to child/date

### Permission to attend camp

I hereby give my child permission to participate in all camp activities, including small group sessions led by licensed professionals trained in grief counseling. I also release Conley Outreach from any liability for any injury my child may sustain while at camp or personal items that may become lost.

\_\_\_\_\_  
signature of parent/guardian/relationship to child

\_\_\_\_\_  
date

Please contact me about applying for a camp scholarship

**Please return the completed registration and fee to Conley Outreach, Good Grief Day Camp,  
PO Box 931 Elburn IL 60119 by June 10, 2010**

**Conley Outreach Community Services  
Good Grief Day Camp Application 2010**

***Your Unique Grief Journey***

June 21-25, 2010 9am-Noon

**Sample Daily Schedule**

9:00-9:15 Welcome and Warm UP

9:15-9:45 Theater

9:45-10:45 Sharing Time

10:45- 11:00 Snack

11:00-11:30 Nature Games

11:30-12:00 Art

12:00 Dismissal