



An arts program for grieving children

FairHoPe Hospice and Palliative Care, Inc.
 282 Sells Road
 Lancaster OH 43130
 740.475.0699
 palsforgrievingchildren@gmail.com

Creative Arts for Mourning Pals

To enroll a child or adolescent in this program, the caregiver needs to complete this form and mail it to:

FairHoPe Hospice and Palliative Care, Inc.
Tracey Miller
282 Sells Road
Lancaster OH 43130

Child's Name: _____ Child's Birthdate: _____

Child's School: _____

Caregiver's Name: _____ Caregiver's relationship to child: _____

Caregiver's Address: _____

Caregiver's Phone Numbers: H _____ C _____ W _____

Caregiver's email address: _____

Name of special person who died: _____

Special Person's relationship to child: _____ Special Person's Date of Death: _____

Caregiver's signature _____ Date: _____

<i>Session you wish to register for:</i>	<i>Registration Deadline</i>	<i>CAMP Session Date</i>
____ Please register my child for this session	January 11, 2012	Saturday, January 21, 2012
____ Please register my child for this session	March 14, 2012	Saturday, March 24, 2012
____ Please register my child for this session	May 9, 2012	Saturday, May 19, 2012
____ Please register my child for this session	July 12, 2012	Saturday, July 21, 2012
____ Please register my child for this session	September 12, 2012	Saturday, September 22, 2012

