

Dear Parents,

Conley Outreach Community Services is excited to announce its 14th annual Good Grief Day Camp. This year's camp, *Your Unique Grief Journey*, will be held June 23-27th from 9am-Noon at Farm Friends/McCannon Farm, 45w134 Raymond Road, in rural Big Rock, just west of Sugar Grove.

This program is a one-week, non-residential camp designed specifically for children ages 6-12 who have lost a parent or sibling to death. The camp employs 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 helps 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. In order to provide the best experience possible, registration is limited to 20 children and only to those who have lost a parent or sibling to death. The application deadline is May 30, 2025. 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,

Jennifer L. Long

Jennifer L. Long

Executive Director

Conley Outreach Community Services

630/365-2880

COCSDirector@gmail.com

Conley Outreach Community Services Good Grief Day Camp Application 2025

Your Unique Grief Journey

June 23rd-27th 9am-Noon

Camper Information

Camper's Name: _____ Age _____ Grade in Fall _____

Camper's Address: _____
City State Zip

Home Phone: _____ School Name: _____

Allergies/Special Needs: _____

T-Shirt Size (Example: Adult or Child Sm, Med, Lrg, XL) _____

Parent or Legal Guardian

Emergency contact information

Circle 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:

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

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.

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 (add check mark if yes) _____

**Please return the completed registration and fee to Conley Outreach, Good Grief Day Camp,
PO Box 931 Elburn IL 60119 by May 30,2025**

**Conley Outreach Community Services
Good Grief Day Camp Application 2025**
Your Unique Grief Journey
June 23-27, 2025 9am-Noon

Sample Daily Schedule

9:00-9:15 Welcome and Warm UP

9:15-9:45 Theater

9:45-10:30 Art

10:30- 10:45 Snack

10:45-11:30 Sharing Time

11:30-12:00 Games/Nature Activities

12:00 Re-Group/Re-Cap/Dismissal