

Geisinger

You Are Not Alone.

A Retreat for Bereaved Parents.

Please complete one application

Date: ___ / ___ / ___

Parent's Full Name: _____

Prefers to be called: _____

Contact information

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Township of Residence: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

How did you learn about the Parent's Retreat?

Bereavement History

Full Name of deceased child/children: _____

Age of the child/children: _____

Date the death occurred: ___ / ___ / _____

Cause of death: _____

Have there been any other changes or stressful situations in your life such as divorce, illness, relocation, etc.? Please describe:

In case of emergency, contact:

Name: _____ Relationship to Parent: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Please send completed application to:

Camp Courage

P.O. Box 712

Millville, PA 17846

Attention: Bereaved Parent Retreat

If you have any questions, call Susan Smith at **570-271-6461**