



Kidz Cope Camp

Complete this registration form and mail to:

Mountain Valley Hospice

108 Steele Avenue
Gloversville, NY 12078

Child's Name: _____

Child's Date of Birth: _____

Child's Grade Level: _____

Child's Address: _____

City: _____

State: _____ Zip: _____

Name of Parent / Guardian: _____

Parent's Address (if different from above): _____

Description of Child's Loss: _____

****Children must be accompanied by an adult**

Things needed for camp:

Blanket or pillow to sit on

Picture or memento of loved one