

Adirondack Sprouts

Children's Grief Support Group Application

What We Do



Adirondack Sprouts Grief Support Program helps children who are grieving the death of a loved one. Trained facilitators use art and music-based, age-appropriate curriculum that educates about grief and provides a safe space for your child to express themselves, process their loss, and find peer support. Adirondack Sprouts runs for 8 weeks.

Who We Serve



Adirondack Sprouts Grief Program is for children aged 6-12 from all economic, racial, ethnic, and religious backgrounds. The program is free for all participants. Funding is provided by High Peaks Hospice.

How We Do It



ADK Sprouts uses an age-appropriate, arts and nature-based curriculum that seeks to educate about grief, support healthy coping skills, and help your child find support through peers and connection to the beautiful outdoors.

Any child, 6-12 years old, who has experienced any type of death in their lifetime, regardless if the loved one was on hospice, is welcome to apply.

An application is required. Space is limited, so please apply as soon as possible.

Return to: High Peaks Hospice
1247 Dix
Hudson Falls, NY 12839

Questions/Information (518)891-0606
highpeakshospice.org



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Contact Information:

Parent/Guardian Name:

Home Phone: () - Mobile Phone: () - Work Phone: () -

I give High Peaks Hospice permission to send to this email address weekly emails during the group session with updates/reminders and additional grief resources: Yes No

Email:

In case of emergency, notify:

Name: Primary Phone: () - Additional Phone: () -

Pick-Up Person:

Name: Primary Phone: () - Additional Phone: () -

Alternate Pick-Up Person:

Name: Primary Phone: () - Additional Phone: () -

By signing below, I give my child permission to participate in Adirondack Sprouts Grief Support Group.

Please check below if you do or do not give permission for your child to be photographed by High Peaks Hospice and ADK Sprouts Grief Support Program to be shared on social media and/or marketing materials for High Peaks Hospice and ADK Sprouts Grief Support Program.

I do

I do not

Parent/Guardian Signature:

Date:

Please complete ONE APPLICATION PER CHILD

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