



Application





Dear Parent or Guardian:

We are pleased to announce that in partnership with Tomorrow's Rainbow, the Sea Star Program's Club Seahorse is open to grieving children, ages 5-10. Club Seahorse is an all-day camp experience taking place on Friday, October 28 at Tomorrow's Rainbow in Coconut Creek, Florida.

The purpose of Club Seahorse is to bring children, whose loved ones have died, together for support and friendship. This innovative grief support program includes interactions with miniature horses and other small farm animals, peer support groups, and therapeutic art and play.

Club Seahorse provides a new support system to children who are grieving the loss of a loved one. Throughout the day, children will have an opportunity to:

- Identify ways to cope with change
- Improve self-esteem
- Learn to recognize and validate feelings
- Identify safe ways of grief expression
- Recognize that having fun and celebrating are still a part of life

The Sea Star Program's Club Seahorse is free for all children. Please complete the attached application for your child. Following receipt of the application, you will be contacted by staff to further assess eligibility.

Please direct any questions regarding Club Seahorse to Marla Berger at (954) 978-2390. If you would like more information about the Sea Star Program at TrustBridge Health, please call (888) 499-8393.

Applications must be received by October 20, 2016. Please send completed applications to TRainbowMAB@aol.com or fax to (561) 948-4113; Tomorrow's Rainbow, 4341 NW 39th Avenue, Coconut Creek, FL 33073.

Space is limited - be sure to return your paperwork by October 20, 2016.

Sincerely,

TrustBridge Bereavement Center and Tomorrow's Rainbow.



Club Application

Child's Name: _____

Address: _____

Phone number: _____

Email address: _____

Child's Date of Birth: _____ ☐ Male ☐ Female

School: _____

Grade: _____

Does the child have an Individual Education Plan (IEP) or a 504 Plan? ☐ Yes ☐ No

Does the child have a medical condition or disability that we need to know about? ☐ Yes ☐ No

What medication does your child take? _____

Allergies: ☐ Food _____ ☐ Environmental _____ ☐ Medication _____

Name of the deceased: _____

Relationship to the child: _____

Date of Death: _____

Cause of Death: _____

Was the child present at the time of death? ☐ Yes ☐ No _____

Did the child see the deceased after the death? ☐ Yes ☐ No _____

Did the child attend the funeral or memorial services? ☐ Yes ☐ No _____

Do you and the child talk about the deceased? ☐ Yes ☐ No _____



Did the child receive counseling/grief support services before or after the death?

☐ Yes ☐ No

Describe the relationship between the child and the deceased:

How did the child react to the death?

Has the child experienced any other deaths? ☐ Yes ☐ No

Describe any other changes/stresses in the child life (e.g. divorce, illness, moving).

Has the child said or done anything recently that concerns you?

Has the child expressed any concerns to you recently?



Has the child exhibited any of the following behaviors since the death? (check all that apply)

- ☐ Depression
- ☐ Run away from home
- ☐ Suicidal thoughts
- ☐ Harmed self/Harmed others
- ☐ Harmed animals
- ☐ Unusual/ inappropriate sexual behavior
- ☐ Drug/alcohol abuse
- ☐ Lying
- ☐ Regression
- ☐ Behavioral problems (home and school)
- ☐ Stealing
- ☐ Nightmares
- ☐ Destruction of property
- ☐ Ongoing sleep disturbance

What, if any, concerns do you have about the child coming to Club Seahorse?

Parent/Guardian Signature _____ **Date** _____

Print Parent/Guardian Name _____

Please contact Marla Berger with any questions or concerns at (561) 866-3056.

What do I need to bring?

LUNCH IS NOT PROVIDED. Please pack a prepared lunch with a drink for your child. A cold lunch is best, as we will not be microwaving or heating meals for the children. We provide water and snacks throughout the day.

Apply sunblock to your child before arriving at Club Seahorse. Tomorrow's Rainbow is a farm, and the children will be outdoors for the entire day, with access to shade. Please dress your child accordingly, with fully closed shoes. Sandals and/or flip-flops are not appropriate footwear for the day. You may also want to bring:

- ☐ Insect repellent
- ☐ Lip balm
- ☐ Sunblock
- ☐ Hat
- ☐ Hair ties or barrettes

Children are NOT to bring any other belongings such as: money, jewelry, cell phones, i-pods, radios etc. We cannot be responsible for personal belongings that are brought into Club Seahorse without permission.

No drugs or weapons are to be brought into Club Seahorse under any circumstances.



Permissions and Releases

(Initial on all lines)

Medications/First Aid

I give permission to the Club Seahorse staff to administer first aid to my child. I also give my permission to Club Seahorse to take my child to the nearest hospital in the event of an emergency.

Liability statement

In consideration for allowing my child to participate at Club Seahorse, I, for myself and child, release and forever discharge Hospice of Palm Beach County, Hospice of Broward County and Hospice by the Sea, Tomorrow's Rainbow Inc., their directors, officers, employees, volunteers and agents of all liabilities, claims, actions, damages, costs or expenses which I or my child may have against them arising out of or in any way connected with my participation or my child's participation in this program, including travel to or from the program and including injuries which may be suffered by my child before, during, or after the program.

Authorization to photograph/interview/tape

I hereby give my permission for my child's photo and/or name to be utilized and released for educational, public relations/media purposes, presentations, Club Seahorse video or brochures.

Authorization to Exchange/Release Information:

I authorize TrustBridge Bereavement Center and Tomorrow's Rainbow to exchange information that contributes to the evaluation and assessment of my child for grief and bereavement support.

I have read and understood all of the above information and authorize my child to participate in **Club Seahorse** for children of **TRUSTBRIDGE BEREAVEMENT CENTERS**, a program of **HOSPICE OF PALM BEACH COUNTY, HOSPICE OF BROWARD COUNTY AND HOSPICE BY THE SEA and TOMORROW'S RAINBOW INC.**

Parent/Guardian Name (Printed): _____

Signature of Parent/Guardian: _____ Date: _____

Please attach a small photo of your child to this form.





Discipline Protocol

In order to provide and maintain safety for all children and in consideration for our entire staff, children are expected to follow and to obey all **Club Seahorse** rules.

The following progressive discipline protocol will be used for any behavioral or out-of-control issues:

1st incident: VERBAL WARNING/REDIRECTION AND COUNSELING

2nd incident: TIME-OUT FROM GROUP ACTIVITY/COUNSELING

3rd incident: CALL PARENT OR GUARDIAN TO PICK UP CHILD

NOTE: If a child requires medication to control behavior, all efforts must be made to maintain the child/teen on prescribed medications as prescribed by a physician.

I have read, explained and reviewed the discipline protocol to my child/teen. I understand my responsibility to pick up my child/teen in the event of his/her participating in excessive uncontrolled behaviors.

Name of Child (Printed): _____ Date: _____

Name of Child (Printed): _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____



Directions to Tomorrow's Rainbow

Tomorrow's Rainbow is located at a private ranch.
No unscheduled visitors, please.

From I-95 or the Turnpike—exit on Sample Road going West [exit 39 for I-95, exit 69 for Turnpike]. Turn Right (North) on Lyons Road. Turn Right (East) on Wiles Road. Turn at the first Right (South) on NW 39th Avenue. Go to the end of the street and make a right. Pull into the first driveway on your right before the Tomorrow's Rainbow sign.