



PO Box 916
56 Mont Vernon Street
Milford, NH 03055
603-672-1002 ext. 39

Dear Parent/Guardian:

We would like to share information with you about the Children's Resiliency Retreat Program. The Children's Resiliency Retreat Program offers educational support groups to help children understand substance use disorder and how to make healthy choices for themselves. The program provides lessons on developing life skills, in an entertaining way. We look forward to welcoming your child(ren) into this program. For more information contact Monica Gallant at 672-1002 ext. 39

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Email: _____

How did you hear about this program? _____

May we send information to your mailing address? Yes _____ No _____

May we leave messages at your home phone number? Yes _____ No _____

May we call you at your work phone number? Yes _____ No _____

Please list all the children you are enrolling.

Name	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

Please note: Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. This form simply helps us to get to know your child(ren) better while they are in our program. Be assured, however, that these forms will be kept confidential and will be shared only with those program personnel who will work with your child's group.