



The Parent-Child Center's Child Life Program

Please complete this application for a group visit at the Children's Hospital at St. Mary's Medical Center and fax to: (561)727-1051 or scan and e-mail to: ahall@gocpg.org.

Date: _____

Organization/Group: _____

Address: _____

Contact Person: _____

Please list a telephone number for a return call: () _____ - _____

Email Address: _____

Please describe the purpose/activity your group would like to do:

Please describe the target audience/age group: _____

Number of persons in your group that would like to visit: _____ (a maximum of 6)

Are you planning on handing out gifts? Yes No

If yes, please provide a detail description of what you will be bringing; all gifts must be new, religiously neutral & appropriate for children ages 0-21: _____

Proposed date of visit: _____ Time: _____

Alternate date of visit: _____ Time: _____

*Please allow for 7-10 days to process. Our staff will contact you regarding the status of your application. Thank you for your interest in reaching out to the children the Child Life Program serves at the St. Mary's. We will review this application and contact you as soon as possible to assist you in your planning. If you have any questions, please call (561)727.1043.

