

Application for Community Visit

Name of Group/Individual: _____

Main Contact Person: _____

Address: _____

Email: _____ Phone Number: _____

We ask all groups to come with an activity for patients and families when they visit. The more information you can provide, the better we can advertise it to families and generate interest and participation in your event. For example: *We will bring materials to make paper flowers chains and birdhouses made from milk cartons.*

Brief Description of Your Planned Activity:

Numbers of patients and families that visit the clubhouse can vary widely, depending on lots of different variables. Groups should plan to bring supplies for up to 15 patients and siblings. It is appreciated if supplies can be left behind after the group leaves, so any child who missed the opportunity to do an activity can do it later when they are able to visit the clubhouse.

Number of Visitors in Group (including chaperones): _____ (*max is 10 per people per visit*)

Age Range of Group Members: _____ (*minimum age is 16 years old for all visitors*)

Days and Times Available for Community Visits:

Day	Time Frames Available (choice of one, one and a half or two hour visits)	
Mondays	1-2:30 pm in the clubhouse	5:30-7 pm in the clubhouse
Tuesdays	1-2:30 pm in the clubhouse	6-7:30 pm (Movie/Board Game Night in Atrium)
Wednesdays	1-2:30 pm in the clubhouse	5:30-7 pm in the clubhouse
Thursdays	1-2:30 pm in the clubhouse	5:30-7 pm in the clubhouse
Fridays	12-1:30 pm in the clubhouse	
Saturdays	2-4 pm in the clubhouse	
Sundays	2-4 pm in the clubhouse	

Desired length of visit: _____ (max is two hours)

How many visits do you wish to make to the hospital (typical choices include one-time visit, monthly visits, and quarterly visits)? _____

Please list least three choices of dates and times that your group is available to come and we will check our schedule to see if there is an availability during one of those times. Once the first visit is arranged, if more visits need to be scheduled, this can be organized later.

#1 Preference – Date: _____ Time: _____

#2 Preference – Date: _____ Time: _____

#3 Preference – Date: _____ Time: _____

Has your group visited Nemours previously? Yes No

Has Your Group Visited Other Pediatric or Hospital Facilities? Yes No

If so, which facility:

Costumed Characters ONLY:

We only allow experienced and professional costumed characters to perform at our hospital.

Is the person in costume a professional mascot or character? Yes No

Has the costumed character visited other pediatric facilities? Yes No

All groups are required to have all members read our community group guidelines before visiting. Link to this document can be found [here](https://www.nemours.org/service/support/naidhcsupport/childlife.html) or by going to <https://www.nemours.org/service/support/naidhcsupport/childlife.html> and clicking on the “get involved” tab and clicking on Community Group Visitor Guidelines.

Please Note: Due to the required planning and publication timeline of the events calendar for patients and families, all group visit applications must be received at least three weeks before the first requested visit date in order to have time to have applications reviewed and confirmed.

Please return this completed form:

By scanning and emailing to: childlifeprograms@nemours.org

By faxing to: (302) 651-4073

Or by mailing to:

The Department of Child Life, Creative Arts Therapy and School Programs

Nemours/ Alfred I. duPont Hospital for Children

1600 Rockland Road

Wilmington, DE 19803

For questions, call: (302) 651-4903