

# Project HOPE 2017 Healing Ourselves through Personal Expression

Each session is from 6 to 8 p.m. While children are encouraged to attend all sessions, each session is independent of the others and children may attend any they choose.

**Please check sessions child will attend:**

- Thursday June 8**       **Thursday June 15**       **Tuesday July 18**       **Tuesday July 25**

## Registration Please complete a separate registration form for each child attending.

Child's full name \_\_\_\_\_ Name called \_\_\_\_\_

Male       Female      Date of birth \_\_\_\_\_ Age \_\_\_\_\_

School child attends \_\_\_\_\_ Grade entering \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_  Cell       Home

Parent/Guardian full name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*Please list phone at which you may be reached during sessions:* \_\_\_\_\_

Address, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

May we send periodic emails notifying you of future grief support activities for children, adults, and families, along with our newsletter?       Yes       No

Full name of person picking up child \_\_\_\_\_ Phone \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Information Regarding the Deceased

Full name of person who died \_\_\_\_\_

Date of death \_\_\_\_\_ Cause of death \_\_\_\_\_ Age at death \_\_\_\_\_

Relationship to child \_\_\_\_\_ Please describe their relationship:  
\_\_\_\_\_  
\_\_\_\_\_

Please share details surrounding the death that may be helpful (i.e. sudden accident, lingering illness):  
\_\_\_\_\_  
\_\_\_\_\_

Was the deceased served by Hospice & Community Care?       Yes       No

Did child live with the deceased?       Yes       No

Is this child's first experience with death?       Yes       No

