**GriefCare for Kids Child Information Form**

**CHILD INFORMATION**

Child’s name Grade Age Birth date

Name of school child attends

Church child attends

Are there any special accommodations we need to be aware of regarding your child in order to provide the best program for your child? Yes No

If yes, please specify

Does your child have any allergies, especially food allergies? Yes No

If yes, please specify

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Please share a little information about the person lost and when the loss occurred.

**REGISTERING PARENT’S INFORMATION**

Name

Current address

City State Zip

Home phone Work phone Cell phone

Please print email address

Again, please print same email address

Persons living in your home other than siblings:

One parent Both parents Other adults

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, contact the following person (other than parent):

Name Relationship

Current address

City State Zip

Home phone Work phone Cell phone

Please print email address

Again, please print same email address

**PICK-UP AUTHORIZATION**

If I am unable to pick up my child, the following person is authorized to do so.

A photo identification will be required.

Name Relationship

Current address

City State Zip

Home phone Work phone Cell phone

Please print email address

Again, please print same email address

**CONSENT AND RELEASE FORM**

I understand that GriefCare for Kids is not a counseling service or therapy program but a biblically based, Christ-centered program to help children experiencing grief heal in a group setting. GriefCare for Kids is designed to bring hurting children into the loving arms of a church family and to feel God’s love surrounding them.

Registering parent’s signature Date