Healing Hearts of Waukesha County, Inc.
Registration Form

	Adult (s)	Participating Child # 1	Participating Child #2	Participating Child #3	Participating Child #4
Name: Include nickname of child and last name if differs from adult	Name: Name: Parent(s) ☐ Guardian(s)☐	Name: Nickname:	Name: Nickname:	Name: Nickname:	Name: Nickname:
Age, Birthdate, Grade, School	Adults who *will attend* Healing Hearts Sessions Name: Birthday: Name: Birthday:	Sex: M ☐ F ☐ DOB: Age: Grade: School:	Sex: M ☐ F ☐ DOB: Age: Grade: School:	Sex: M ☐ F ☐ DOB: Age: Grade: School:	Sex: M ☐ F ☐ DOB: Age: Grade: School:
Ethnic Background					
Emergency Contact, for EACH participant, including adult(s)	Name: Phone:	Name: Phone:	Name: Phone:	Name: Phone:	Name: Phone:
Medical Conditions/ Food or Pet Allergies					
Special Learning Needs					
Free/Reduced School Lunch		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
For grant-writing purposes, please indicate your family's income level: Under $25,000 ☐ $25,000-50,000 ☐ Over 50,000 ☐					
Occupation:					
Where did you hear about Healing Hearts?					
Home Address (Street, City, **Zip**):					
Contacts Home #: Cell #: E-mail address:					
May Healing Hearts contact you at work? Yes ☐ No ☐ Usual work hours: Work #:					

Type of loss that brings you to Healing Hearts: Death ☐ Divorce ☐ Separation ☐ Abandonment ☐ Incarceration ☐ Immigration ☐ Military Deployment ☐ Other ☐ Please Specify:
Circumstances of Loss (Briefly describe what has occurred):
When did this loss occur (Date/Year)?
Family Religious Affiliation/Faith Practice: None ☐ Christian ☐ Jewish ☐ Other ☐ Please Specify:

PERSONS AUTHORIZED TO PICK UP THE CHILD AT THE END OF WEEKLY MEETINGS IF YOU ARE NOT IN ATTENDANCE:

Name _____ Phone _____

Name _____ Phone _____

MEDICAL CONSENT

Medical Consent: In the event of an injury or illness, I give permission to transport any family member participating in Healing Hearts' activities to a hospital for emergency treatment. I also grant permission to any and all health care providers designated by Healing Hearts volunteers and staff to provide all family members identified previously as participants in Healing Hearts any and all necessary medical care related to the injury or illness. I further understand my family/I will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

Signature of Parent/Guardian _____ Date _____

PHOTO/VIDEOTAPE CONSENT AND AUTHORIZATION

We would like to be able to show the community what we do at Healing Hearts, and thereby request your permission to use photographs of you or your family members in our videos and online communications.

☐ I hereby consent that one or more photos or videos may be taken of any family member participating in Healing Hearts to be used for the Healing Hearts program, marketing communications such as the website, booth displays and brochures and/or public communications such as newspapers, online publications, etc. throughout the year.

☐ I deny consent for all family members.

Signature of Parent/Guardian _____ Date _____

CONSENT TO PARTICIPATE IN PROGRAM

I give my permission for the above-named family members to participate in the Healing Hearts of Waukesha County program. I understand the importance of my family's attendance at each meeting so that we may get the most benefit from the peer-support program. I am committed to my family's attendance during the 12 week session.

Signature of Parent/Guardian _____ Date _____

CHILD CARE

Please provide the name and age of any child who will need child care during the Healing Hearts Sessions (childcare available for under age 4):

_____

Does your child have any medical conditions that we should be aware of? Any food allergies?

_____

Does your child have any special learning or emotional needs that we should be aware of? If so, please describe.

_____

Are there any behaviors or fears that we should know about, such as crying, biting, hitting or fear of being separated from family? If so, please explain.

_____

_____

PLEASE MAIL COMPLETED FORMS TO:
Healing Hearts of Waukesha County
121 W. Wisconsin Ave
Waukesha, WI. 53186

Feel free to contact Melissa at mminkley.hhwc@gmail.com or Julie at info.hhwc@gmail.com or call (262) 751-0874 if you have questions or concerns. For more information, please see our website at http://www.healingheartsofwaukeshaco.org.

Revised December 2015

Mission: Healing Hearts of Waukesha County is a community-based organization whose mission is to serve and support grieving children and their families.