

# HOSPICE of SAN JOAQUIN



Joint Commission Accredited



3888 Pacific Ave., Stockton, CA 95204 209-957-3888 www.hospicesj.org

## Kids Korner / Teen2Teen

Registration Form 2017

Please help us get to know your child or teen better! Complete one per child. Your information is kept confidential and is only used by Hospice of San Joaquin Bereavement Staff and Volunteers.

Children are placed in either Kids or Teens group based on ages of all participants. Groups met every Saturday 9-11 am for 4 weeks. Choose one session: winter, spring, or fall.

For the good of the child and the group, we request that families commit to ensuring their child attends all four weeks of a particular session. A week cannot be 'made-up' in a different session. Space is limited and enrollment is based on 'first come first serve.' If a session is full upon receipt of your registration form we will invite you to participate in the next available session.

Methods to Submit Registration Form:

**Fax** to (209) 922-0254

**Mail** to 3888 Pacific Ave, Stockton, CA 95204

Attn: Bereavement

**Please choose which 2017 session you would like to enroll your child in:**

\_\_\_\_\_ ~~Winter: Feb 4, 11, 18, 25~~    \_\_\_\_\_ ~~Spring: April 8, 15, 22, 29~~    \_\_\_\_\_ Fall: October 21, 28, November 4, 11

Name of Child \_\_\_\_\_  Male     Female

Nickname/prefers to be called (if noted here, this is the name we will put on nametag) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Any Siblings?/Ages \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Who is the child living with? \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Where can you be reached while your child is at Hospice of San Joaquin? \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

\_\_\_\_\_

Who died? (Relationship to child) \_\_\_\_\_ Name \_\_\_\_\_

Were they a Hospice of San Joaquin patient? (not required for enrollment) \_\_\_\_\_

Date of death \_\_\_\_\_ Cause of death \_\_\_\_\_

Child's involvement in funeral \_\_\_\_\_

What does the child know about the death, how it happened? \_\_\_\_\_

Child's response to death \_\_\_\_\_

Have you noticed any changes in your child behavior since the death in the following areas? If so, please explain.

Eating patterns \_\_\_\_\_

Sleeping patterns \_\_\_\_\_

Grades at school \_\_\_\_\_

Behavior at school \_\_\_\_\_

Behavior at home \_\_\_\_\_

Increased fear/worries \_\_\_\_\_

Other? Since the death, I worry about my child's \_\_\_\_\_

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**Please read and sign below:**

I give permission for my child to participate in Hospice of San Joaquin's Kids' Korner/Teen2Teen. I understand that, in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Hospice of San Joaquin staff or volunteer to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

Please list any food allergies \_\_\_\_\_

Physician/Phone: \_\_\_\_\_

*During the course of the group, photographs and video may be taken for use by Hospice of San Joaquin. I give permission for pictures of my child to be utilized as publicity pieces through the media, scrapbooks, and in any way that may assist Hospice of San Joaquin in promoting future bereavement events.*

\*Signature \_\_\_\_\_ Date \_\_\_\_\_