

# Mourning Hope School Registration Form Completed by Parent/Guardian

## General Information

(One form should be completed for each youth participating in the grief groups.)

### Parent/Guardian Information

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of child/teen who will be participating in the group:

Youth's Full Name	Date of Birth	Age	Grade

Is your youth on any current medications or have any allergies? \_\_\_\_ Yes \_\_\_\_ No If 'Yes,' please explain:

\_\_\_\_\_

Are there any language, disability, and/or religious needs we should be aware of? \_\_\_\_ Yes \_\_\_\_ No If 'Yes,' please explain:

\_\_\_\_\_

Are there any other special needs, family customs, or cultural aspects we should be aware of? \_\_\_\_ Yes \_\_\_\_ No If 'Yes,' please explain:

\_\_\_\_\_

### Bereavement Information

Name of the person who died: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Birth Date (if known): \_\_\_\_\_ Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Please use the space provided below to explain the cause of death and any additional information that may be helpful in meeting the needs of your youth:

\_\_\_\_\_

Was your child/teen living with the person at the time of death? ☐ Yes ☐ No

If not, how long has it been since your child/teen last saw this person? \_\_\_\_\_

Was this person's death anticipated or sudden? Please explain below:

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Was your child present at the time of death? ☐ Yes ☐ No

Please check if either of the following statements are true:

☐ Child has not been told ALL the facts about how the person died.

☐ Child has been told the facts, but still has questions about the circumstances of the person's death.

Please provide details in the space below:

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Did your child/teen attend the funeral, church or memorial service? ☐ Yes ☐ No

Did your child/teen attend the burial, cremation or mausoleum service? ☐ Yes ☐ No

If 'Yes,' what were his/her thoughts and reactions to the above service? If 'No,' what were his/her thoughts and reactions to not attending?

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How would you describe your family's communication style regarding the death?

☐ Open ☐ Communicate as much as needed ☐ Don't communicate often ☐ Mostly avoid it ☐ None

Is your child/teen able to speak openly of the person who died? ☐ Yes ☐ No Please explain below:

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Who are the supportive people your child/teen can talk to about the death and his/her grief?

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Have there been any other deaths your child/teen or your family have experienced (please include relationship, cause of death and date)?

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Who at school is aware that someone significant in your youth's life has died?

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Has he/she received any support from the school staff? ☐ Yes ☐ No ☐ I don't know Please explain:

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Before your child/teen experienced this death, how would you describe his/her personality or character?

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How has he/she changed since the person has died?

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#### REACTION TO THE LOSS-

*Please circle any of the behaviors below your child/teen has exhibited since experiencing the death.*

Lack of Energy	Behavior Problems at School	Nightmares
Withdrawn/Isolation	Behavior Problems at Home	Night Sweats
Depression	Loss of Interest in Friends	Regression - Bedwetting
Anger	Loss of Interest in Activities	Regression - Thumb-sucking
Anxiety	Changes in School Attendance	Headaches
Sadness	Running Away From Home	Stomachaches
Suicidal Thoughts/Talk	Hyperactive/Impulsive	Sleep Disturbances
Causing Harm to Self	Changes in Self-Esteem	Sleep Walking
Causing Harm to Others	Difficulty Concentrating	Decrease in Weight
Drug/Alcohol Use	Belief that Death Was His/Her Fault	Increase in Weight
Sexual Activity	Worries about His/Her Safety	Other:
Lying	Worries about Safety of Others	Other:
Stealing	Always Trying to be in Control/Perfect	Other:
Peer Difficulties	Increase in Fears	Other:

Which behaviors concern you the most? Why?

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Other Life Stressors	
<i>Check the boxes that apply to your child/teen below and write a brief explanation if applicable.</i>	
✓	
<input type="checkbox"/>	Divorce or separation:
<input type="checkbox"/>	Incarceration of parent:
<input type="checkbox"/>	Significant illness of self or family member:
<input type="checkbox"/>	Living with disabled family member:
<input type="checkbox"/>	Moving to a new house:
<input type="checkbox"/>	Moving to a new community:
<input type="checkbox"/>	Changing schools:
<input type="checkbox"/>	Friends moving away:
<input type="checkbox"/>	Break up with boyfriend/girlfriend:
<input type="checkbox"/>	Remarriage of parents:
<input type="checkbox"/>	Birth of sibling or addition of new step-siblings:
<input type="checkbox"/>	Parent changing/losing jobs:
<input type="checkbox"/>	Death/illness of pet or pet was given away:
<input type="checkbox"/>	Fire or theft loss:
<input type="checkbox"/>	Other (please explain): _____

### Demographic Information

*Mourning Hope Grief Center is a non-profit organization that relies on grants and donations to provide services to the community. The information below is required as part of the grant process but will not be shared publically.*

Household Income: (circle one)	Under \$20,000	\$20,000-\$30,000	\$30,000-\$50,000	\$50,000-\$100,000	Over \$100,000
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Does your child/teen receive Free/Reduced School Lunches: \_\_\_\_ Yes \_\_\_\_ No

Racial/Ethnic Origin of your child/teen (Circle all that apply)				
Hispanic/Latino	Black or African American	Caucasian/White	American Indian or Alaska Native	Asian
Native Hawaiian or Other Pacific Islander	Multi-racial	Other: _____		