



www.mourninghope.org

Mourning Hope Grief Center

4919 Baldwin Avenue

Lincoln, NE 68504

402-488-8989

Family Registration Form

(Please return this form to the address shown above)

Youth Name: _____ Date of Birth: _____

Student's School: _____ Grade: _____ Age: _____

Youth Name: _____ Date of Birth: _____

Student's School: _____ Grade: _____ Age: _____

Parent/Guardian/Caregiver(s) attending: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Total number of adults attending: _____ Total number of youth attending: _____

Is English the primary language spoken in the home? If not, what language is spoken? _____

How did you hear about Mourning Hope? _____

Name of person who died: _____ Relationship to youth: _____

Circumstances of the death: _____

Date of the death: _____ Other significant dates: _____

Have you attended a 10 week session before? If yes, please list date attended: _____

Group currently interested in attending: (Please circle one)

Winter Spring Summer Early Fall Late Fall Second Saturdays

Other changes in your lives: _____

Reasons participants would like to attend Mourning Hope: _____

Please describe any problems the participants may be having (may include problems at school, home, behavior changes, physical changes): _____

Mourning Hope sessions generally include refreshments; please list any food allergies of participants: _____

Please list any physical disabilities or accessibility needs for participants: _____

Mourning Hope is a non-profit organization and exists on financial contributions. Any amount of contributions will help to assist with its continuation, and if you are able to make a contribution, it is tax deductible.

Signature of Parent/Guardian, is consent to participate and possibly be photographed for promotional purposes.

Signature _____ Date: _____