

HOSPICE of SAN JOAQUIN



Joint Commission Accredited



3888 Pacific Avenue, Stockton, CA 95204 (209) 957-3888 www.hospicesj.org

Kids Korner / Teen2Teen Registration Form 2018

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 2018 session you would like to enroll your child in:

_____ Winter: Feb 3, 10, 17, 24 _____ Spring: April 7, 14, 21, 28 _____ Fall: October 20, 27, November 3, 10

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 _____

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 _____