

## “KID TALK” REGISTRATION

Date: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Adult/Family Name/Address	Teen Names/Date of Birth/Grade	Children Names/DoB/Grade
_____	_____	_____
_____	_____	_____
Name of Deceased/Relationship	Date of Death	Cause of Death
Does the child (children) know the complete cause of death? _____ Who informed them? _____		
Did the child (children) participate in family rituals (i.e. funeral) at the time of the death? ____ What? _____		
Have there been other losses as a result of the death? (moves, school changes, home life, support network)		
What are you experiencing at this time that is the most difficult for your family?		
Are there health/life concerns at this time? (sleeping, eating, school performance, illness, suicidal tendencies, risk taking)		
Do you have specific problems with your children? Do your children have special needs or medication?		
What would you like to see happen for your child (children) at Kid Talk? Please be specific.		
What is your child (children's) church experience?		