



512-705-5194 or email footprints@fpcgm.org

www.ymcagwc.org/round-rock

CHILD REGISTRATION and PARENT RELEASE FORM

**** A signed registration is required for each child and for each series of classes in which the child is enrolled****

_____ **Death**

_____ **Divorce**

_____ **Today's Date**

How did you hear about Footprints? _____

Child's Name: _____ DOB: _____ Age: _____ Grade: _____ (M)____(F)_____

***Note: The child must have completed a minimum of 1 semester of kindergarten to attend Footprint's classes.**

ETHNICITY: African American: __ Hispanic: __ White: __ Asian: __ Other: _____

GUARDIAN NAME: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian's e-mail: _____ (Used by Footprints to notify you of upcoming classes)

Phone: (Home) _____ (Cell) _____ (Work) _____

Emergency Contact & Number: Name _____ Number(s) _____

With whom does the child currently live? Mother: __ Father: __ Sibling: __ Friend: __ Relative: _____
(Specify): _____ Other (Specify): _____

As guardian, I am registering this child and I understand that Footprints Ministry offers peer support groups and tools of expression classes for children. **It is not considered to be counseling or therapy.** Classes and groups are facilitated by trained volunteers.

Parent or Guardian Signature: _____ **Relationship:** _____

Names of other siblings attending Footprints: _____

Has your child previously attended Footprints? Y__ N__ When? _____

CHILD REGISTRATION and PARENT RELEASE FORM (cont.)

School attending: _____ Does your child receive special assistance at school? _____

Primary language spoke at home (Please specify): _____

Please tell us about your child's loss or change, including person (if applicable) and date of loss or change.

What would you like the group facilitator to know about your child? Describe your concerns.

Please tell us about your child's interests such as sports, arts, fishing, hunting, etc.: _____

It is Footprints policy that two qualified, trained, non-related adults must be present at all times during any Footprints Ministry sponsored activity involving children or youth. If a worker is late, ALL parents will be asked to stay until the second worker arrives.

I have read and agree to the FOOTPRINTS Policy. (Signature of Parent/Guardian): _____

PHOTO PERMISSION RELEASE

(INITIAL)

____ I give permission to FOOTPRINTS CHILDREN'S GRIEF MINISTRY to photograph my child while involved in activities at FOOTPRINTS CHILDREN'S GRIEF MINISTRY. I understand personal information will not be released.

____ I **DO NOT** give permission to FOOTPRINTS CHILDREN'S GRIEF MINISTRY to photograph my child while involved in activities at FOOTPRINTS CHILDREN'S GRIEF MINISTRY.

Name of child: _____

Parent/guardian signature: _____ Date: _____

For Official Use, Only:

Interview Date: _____

Interviewer(s): _____

Accepted: ____ Not Accepted: ____

Please return completed form to:

Footprints Children's Grief Ministry
402A West Palm Valley Drive Suite 335
Round Rock, Texas 78664-4200