



Footprints Children's Grief Ministry

512-705-5194

E-Mail: [footprints@fpcgm.org](mailto:footprints@fpcgm.org)

Website: <http://footprintschildrensministry.org>

## CHILD REGISTRATION FORM

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

\_\_\_\_\_ **Death**

\_\_\_\_\_ **Divorce**

Name of Class: \_\_\_\_\_ Class Dates: \_\_\_\_\_ Meeting Times: \_\_\_\_\_

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: \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**GUARDIAN NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Guardian's e-mail: \_\_\_\_\_ (e-mail addresses are used by Footprints to notify you of upcoming classes and are always kept confidential)

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:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Names of other siblings attending Footprints: \_\_\_\_\_

Has your child previously attended Footprints? Y\_\_ N\_\_ When? \_\_\_\_\_

**School:** Does your child receive any special assistance at school such as tutoring, advanced placement or special classes? \_\_\_\_\_

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.**  
(Please use additional page if needed)

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

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

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Please return completed form by mail to:  
Footprints Children's Grief Ministry  
402A West Palm Valley Blvd, Suite 335  
Round Rock, Texas 78664-4200