



Footprints Children's Grief Ministry

512-705-5194

E-Mail: footprints@fpcgm.org

Website: <http://footprintschildrensministry.org>

Parent's Release & Signature Form

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

____ Death

____ Divorce

Parent or Guardian Name: _____

Home Address: _____ State: _____ Zip: _____

Parent or Guardian's E-mail Address: _____

Phone: Home: _____ Cell: _____ Work: _____

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

Name of Class: _____ Class Dates: _____ Meeting Times: _____

How did you hear about FOOTPRINTS? _____

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

Parent or Guardian Signature: _____ Relationship: _____

Today's Date: _____

Designated Person to Pick Up Child: _____

FOOTPRINTS Policy

(Please read and sign)

If your child is accepted for participation in classes at FOOTPRINTS, the child is expected to be able to participate in group discussion and activities with other children who have experienced a similar loss. If a child's behavior or conduct is a problem within the group, that child will not be allowed to participate further until the behavior is no longer impeding the progress of the group.

Two qualified, trained, non-related adults must be present at all times during any Footprints Ministry sponsored program, event or 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 terms of the FOOTPRINTS Policy.

Date: _____ **(Signature of Parent/Guardian):** _____

Footprints Ministry

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: _____
Referral List Given? _____

Please return completed form to:
Footprints Children's Grief Ministry
402A West Palm Valley Drive Suite 335

Round Rock, Texas 78664-4200