CHILDREN WITH A DEATH LOSS
ENROLLMENT FORM

The LightHouse for New Hope
P.O. Box 851030
Mesquite, TX. 75185-1030
972-226-3110
Fax 972-226-0764

OFFICE USE ONLY

SEMESTER_____ GROUP_____
DATE CONTACTED_____
FAMILY NUMBER _____

NOTES

DATE: _____

Name of Person Enrolling Child(ren) _____

Relationship to child(ren) _____

Address: _____

City, State_____**Zip Code**_____

Home Phone: _____**Cell Phone** _____

Work Phone: _____ **Email** _____

Emergency Contact: _____**Phone:**_____
(Other than Yourself)

Have you attended the Lighthouse before?____yes____no

PLEASE COMPLETE ONE SECTION PER CHILD THAT YOU ARE ENROLLING

FIRST CHILD

First Name Last

Age Birthdate School Grade

Circle one: Male Female

TYPE OF LOSS

Death of Mother _____ How Long Ago? ____Mo. ____Yrs

Death of Father _____ How Long Ago? ____Mo. ____Yrs

Death of Sibling ____ How Long Ago?____Mo.____Yrs

Divorce____ How Long Ago?____Mo____Yrs

Any other loss

DIFFICULTIES THIS CHILD IS EXPERIENCING

____Sleeping ____School Grades ____Attitude

____Communication ____Peer Relations ____Behavior

____Eating Habits ____Self Esteem ____Suicidal

____Substance Abuse ____School Attendance

None Other

REGULAR MEDICATIONS

No _____ Yes ____ (If yes please list medications)

Medicine_____ Dosage_____

Medicine _____ Dosage_____

Medicine_____ Dosage_____

IF MORE MEDICATIONS PLEASE LIST THEM ON THE BACK

SECOND CHILD

First Name Last

Age Birthdate School Grade

Circle one: Male Female

TYPE OF LOSS

Death of Mother _____ How Long Ago? ____Mo. ____Yrs

Death of Father _____ How Long Ago? ____Mo. ____Yrs

Death of Sibling ____ How Long Ago?____Mo.____Yrs

Divorce____ How Long Ago?____Mo____Yrs

Any other loss

DIFFICULTIES THIS CHILD IS EXPERIENCING

____Sleeping ____School Grades ____Attitude

____Communication ____Peer Relations ____Behavior

____Eating Habits ____Self Esteem ____Suicidal

____Substance Abuse ____School Attendance

None Other

REGULAR MEDICATIONS

No _____ Yes ____ (If yes please list medications)

Medicine_____ Dosage_____

Medicine _____ Dosage_____

Medicine_____ Dosage_____

IF MORE MEDICATIONS PLEASE LIST THEM ON THE BACK

PLEASE COMPLETE THE BACK OF ENROLLMENT FORM

PLEASE COMPLETE ONE SECTION PER CHILD THAT YOU ARE ENROLLING

THIRD CHILD

First Name Last

Age Birthdate School Grade

Circle one: Male Female

TYPE OF LOSS

Death of Mother _____ How Long Ago? ____Mo. ____Yrs

Death of Father _____ How Long Ago? ____Mo. ____Yrs

Death of Sibling ____ How Long Ago?____Mo.____Yrs

Divorce____ How Long Ago?____Mo____Yrs

Any other Loss

DIFFICULTIES THIS CHILD IS EXPERIENCING

____Sleeping ____School Grades ____Attitude

____Communication ____Peer Relations ____Behavior

____Eating Habits ____Self Esteem ____Suicidal

____Substance Abuse ____School Attendance

None Other

REGULAR MEDICATIONS

No _____ Yes ____ (If yes please list medications)

Medicine_____ Dosage_____

Medicine _____ Dosage_____

Medicine_____ Dosage_____

IF MORE MEDICATIONS PLEASE LIST THEM BELOW

FOURTH CHILD

First Name Last

Age Birthdate School Grade

Circle one: Male Female

TYPE OF LOSS

Death of Mother _____ How Long Ago? ____Mo. ____Yrs

Death of Father _____ How Long Ago? ____Mo. ____Yrs

Death of Sibling ____ How Long Ago?____Mo.____Yrs

Divorce____ How Long Ago?____Mo____Yrs

Any other Loss

DIFFICULTIES THIS CHILD IS EXPERIENCING

____Sleeping ____School Grades ____Attitude

____Communication ____Peer Relations ____Behavior

____Eating Habits ____Self Esteem ____Suicidal

____Substance Abuse ____School Attendance

None Other

REGULAR MEDICATIONS

No _____ Yes ____ (If yes please list medications)

Medicine_____ Dosage_____

Medicine _____ Dosage_____

Medicine_____ Dosage_____

IF MORE MEDICATIONS PLEASE LIST THEM BELOW

HOW DID YOU FIND OUT ABOUT THE LIGHTHOUSE FOR NEW HOPE?

____Friends ____Church ____School ____Funeral Home(name)_____

____Newspaper ____Brochure ____Courts ____Internet _____Agency(name)_____

____Therapist(name)_____ _____Other_____

OTHER ADULTS ATTENDING WITH CHILD(REN)

Name _____ Relationship to Child_____Phone_____

Address _____City_____State_____ Zip Code_____

Name _____ Relationship to Child_____Phone_____

Address _____City_____State_____ Zip Code_____

ANY FURTHER INFORMATION THAT YOU FEEL MIGHT BE HELPFUL PLEASE LIST HERE

Signature of Person Enrolling Child(ren) Date

Revised 6/2/2009