

CHILDREN WITH A DIVORCE OR SEPARATION 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 _____
NIGHT ASSIGNED ___TUES ___THURS

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
Night of the week preferred ___Tues ___Thurs
Are you required by Courts to attend? ___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 LOSS		
___ Divorce	How Long Ago? ___ Mo. ___ Yrs	
___ Separation	How Long Ago? ___ Mo. ___ Yrs	
___ Abandoned	How Long Ago? ___ Mo. ___ Yrs	
___ Death	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 LOSS		
___ Divorce	How Long Ago? ___ Mo. ___ Yrs	
___ Separation	How Long Ago? ___ Mo. ___ Yrs	
___ Abandonment	How Long Ago? ___ Mo. ___ Yrs	
___ Death	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		
___ Divorce	How Long Ago? ___ Mo. ___ Yrs	
___ Separation	How Long Ago? ___ Mo. ___ Yrs	
___ Abandonment	How Long Ago? ___ Mo. ___ Yrs	
___ Death	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		
___ Divorce	How Long Ago? ___ Mo. ___ Yrs	
___ Separation	How Long Ago? ___ Mo. ___ Yrs	
___ Abandonment	How Long Ago? ___ Mo. ___ Yrs	
___ Death	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	___ Propation Officer(name) _____
___ Newspaper	___ Brochure
___ Courts	___ Internet
___ Agency(name) _____	___ Therapist(name) _____
___ Other _____	CPS(name of caseworker) _____
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 _____