



Healing Hearts of Southeast Wisconsin Registration Form

At which Healing Hearts program location(s) are we interested in attending:

Waukesha

Oconomowoc

Menomonee Falls

Child Participants:

1. Name/Nickname: _____

Sex: __ Male __ Female

DOB: _____

Age: _____

Grade: _____

School: _____

Any Medical Conditions or Allergies?: _____

Special Learning Needs?:

3. Name/Nickname: _____

Sex: __ Male __ Female

DOB: _____

Age: _____

Grade: _____

School: _____

Any Medical Conditions or Allergies?: _____

Special Learning Needs?:

2. Name/Nickname: _____

Sex: __ Male __ Female

DOB: _____

Age: _____

Grade: _____

School: _____

Any Medical Conditions or Allergies?: _____

Special Learning Needs?:

4. Name/Nickname: _____

Sex: __ Male __ Female

DOB: _____

Age: _____

Grade: _____

School: _____

Any Medical Conditions or Allergies?: _____

Special Learning Needs?:

Our Mission: Healing Hearts of Southeast Wisconsin is a community-based organization whose mission is to serve and support grieving children and their families.

Revised June 2022

Parent/Guardian Information:

Name: _____

Parent Guardian
Participating in the adult sessions?:
 Yes No

Home/Cell: _____
Email(s): _____

Home Address (Street, City, Zip Code):

Emergency Contact Name/Phone:

Any Medical Conditions or Allergies?:

Any Special Learning Needs?

Name: _____

Parent Guardian
Participating in the adult sessions?:
 Yes No

Home/Cell: _____
Email(s): _____

Home Address (Street, City, Zip Code):

Emergency Contact Name/Phone:

Any Medical Conditions or Allergies?:

Any Special Learning Needs?

Where/How did you hear about Healing Hearts?

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What category best fits your loss or situation that brings you to Healing Hearts?

Death Divorce Separation Abandonment Incarceration
 Immigration/Citizenship Status Military Deployment Medical Diagnosis
 Other

Circumstances of Loss (briefly describe what has occurred):

When did this occur? (Date/Year): _____

➤ **For grant-writing purposes please indicate the following:**

Income Level: Under \$25,000 \$25,000-50,000 Over \$50,000

Ethnic Background: _____

Receive Free/Reduced School Lunch?: Yes No

PERSONS AUTHORIZED TO PICK UP CHILD/CHILDREN AT THE END OF WEEKLY MEETING IF YOU ARE NOT IN ATTENDANCE:

Name (First and Last): _____ Phone: _____

Name (First and Last): _____ Phone: _____

CONSENT TO PARTICIPATE IN PROGRAM:

I give my permission for the above-named family members to participate in the Healing Hearts of Southeast Wisconsin program. I understand the importance of my family's attendance at each meeting so that we may get the most benefit from the peer-support program. I am committed to my family's attendance during the 12-week session.

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

Please return completed form to:

Mail: Healing Hearts
121 Wisconsin Ave.
Waukesha, WI 53186

Email: info.hhwc@gmail.com

Phone: 262-751-0874

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