



## Children's Intake Form

- Child's Name \_\_\_\_\_
- Home Address \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- School/Grade \_\_\_\_\_
  
- Parent/Guardian \_\_\_\_\_
- Phone – Primary \_\_\_\_\_
- Email \_\_\_\_\_

### Bereavement History

Please include as many details as possible when answering the following questions.

- Name of the Deceased \_\_\_\_\_
- Relationship to Child \_\_\_\_\_
- Date of Death \_\_\_\_\_
- Age of deceased \_\_\_\_\_
- Cause of death \_\_\_\_\_
- Age of Child at time of death \_\_\_\_\_



- Please list your child's special interests or hobbies.
  
- Please list any fun facts or special talents your child may have.
  
- Please describe your child's personality/character traits.
  
- Does your child:
  - o Select All
  - o Enjoy music
  - o Play an instrument
  - o Enjoy/play sports
  - o Enjoy arts/crafts
  
- Is there anything we should know to better serve your child?

Parent Signature:

Date:

Witness: