



ACCOMPANYING CHILDREN (5-12YR OLD) ADMISSIONS APPLICATION

If parents are bringing their children with them to accompany them on the retreat experience, we ask that the following questions be completed for each child so that we can ensure the best experience for the family as a whole. Please note that parents in the retreat are ultimately responsible for their children's needs and care. Lionsheart Wholeness Centre will act in an additional support role to enhance the families' healing and wellness but is not assuming any primary care responsibilities.

CHILD'S PERSONAL INFORMATION		
First Name:		Middle Name:
Last Name:		DOB:
Birth Mother:		Birth Father:
Treaty Number:		Band:
Address (if different than parent applying for LWC):		
City:	Province:	Postal Code:
Healthcare Number and Province:		
Gender:		Ancestral Background:
Current Primary Caregiver (if different than parent applying for LWC):		
Relationship:		Phone:
Address:		
EMERGENCY CONTACT INFORMATION		
Full Name:		
Relationship:		Phone Number:
Address:		
City:	Province:	Postal Code:

SCHOOL - Which school is the child attending?	Current Grade
Name: Contact info: Location:	
MEDICAL	Does your child have any medical conditions?
Family Physician: _____ Phone Number: _____ Clinic: _____	<ul style="list-style-type: none"> • No • Yes - provide details
Does your child take any prescription medications?	
<ul style="list-style-type: none"> • No • Yes - provide details _____ 	
Who has legal custody of the children?	Please check if you have any of the following:
	<ul style="list-style-type: none"> • Lice • Bed Bugs
Has your child ever been in foster or kinship care?	Does your child have a counsellor or a support worker?
<ul style="list-style-type: none"> • No • Yes - Name and Number for last placement: 	<ul style="list-style-type: none"> • No • Yes - Full Name: _____ Phone Number: _____ Email: _____
Has your child experienced intergenerational trauma?	Does your child have allergies?
<ul style="list-style-type: none"> • No • Yes - <i>If yes, please provide family history:</i> 	<ul style="list-style-type: none"> • No • Yes, Please list:
Has your child experienced any of the following forms of abuse:	Does your child struggle with repetitive or excessive use of the following?
<ul style="list-style-type: none"> • Sexual Abuse • Mental Abuse • Emotional Abuse • Physical Abuse 	<ul style="list-style-type: none"> • Online Games/ Video Games • Other: _____

Does your child struggle with any of the following mental health-related challenges?	Has your child been diagnosed with any of the following?
<ul style="list-style-type: none"> • Anxiety • Stress • Apathy • Depression • Suicidal Ideation • Other: _____ 	<ul style="list-style-type: none"> • Bi-Polar • Schizophrenia • FASD • PTSD • ADHD • Major Depressive Disorder • Generalized Anxiety Disorder • Other: _____
PARENT DECLARATION ON BEHALF OF CHILD	
<p>I have filled out the Lionsheart Wholeness Centre's Accompanying Child Admissions Application form to the best of my abilities on behalf of my child. I understand that if any information that I have provided to Lionsheart Wholeness Centre is false or misleading this will end up with a challenge in providing adequate support for myself and my child(rens) stay and possible immediate termination to my admissions at Lionsheart Wholeness Centre.</p>	
Parent's Printed Name:	
Parent Signature:	Date:

