

Registration Form

Registration date: _____

Instructions:

1. Complete the **Family Information**
2. Read **Participation Waiver and Consent**
3. Complete a **Program Registration** section and Complete an ACE Score (Adverse Childhood Experiences) for each family participant
4. Go through the **Checklist for Enrollment** to make sure your enrollment in services is finalized
5. Complete **Suggested Donation** section on page 12

Family Information

Primary Family Contact Information

Please list the primary family contact information below

Last name: _____ First name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Employer: _____

Primary phone: _____ Cell Home Work

Alternative phone: _____ Cell Home Work

Email: _____

Preferred method of contact (check all that apply): Email Home phone Work phone

Cell phone: Text Voicemail

Emergency contact name: _____ Relationship: _____

Emergency contact phone: _____ Cell Home Work

Family Demographic Information

Number of people in your household: _____

Annual family income level:

- \$1-\$14,999
 \$15,000-\$24,999
 \$25,000-\$34,999
 \$35,000-\$49,999
 \$50,000-\$74,999
 \$75,000-\$99,999
 \$100,000-\$124,999
 \$125,000-\$149,999
 \$150,000-\$174,999
 \$175,000-\$199,999
 \$200,000-\$249,999
 \$250,000+
 Prefer not to answer

Is your child(ren) eligible for free and reduced lunch? Yes No N/A

Has the death of your loved one dramatically affected your financial condition? Yes No

Family's religious affiliation: _____

Are other immediate family member(s) registering for services: Yes No

If yes, please complete a Registration and Waiver for each person including yourself (page 3)

Who are you registering? (check all that apply): Myself My children Other: _____

Tell us about the loved one you are remembering . . .

Name: _____ Date of Death: _____ Age: _____

Cause of Death: _____ Where did death occur? _____

Can you tell us how you learned about Amanda the Panda?

Friend or family member Funeral home: _____

Hospice: _____ Healthcare worker : _____

- School: _____ Mental health professional: _____
- Another EveryStep team: _____
- Other: _____

If you heard about EveryStep Grief & Loss Services, home of Amanda the Panda through another professional, please share which agency and staff member referred our program:

Participation Waiver and Consent

PLEASE REVIEW THE RELEASE AND CONSENT PORTION BELOW AND SIGN THE WAIVER & CONSENT SECTION FOR EACH PARTICIPANT

(Registration and Waiver sections for each participant begin on page 3)

AMANDA CARES, INC. PARTICIPANT RELEASE AND CONSENT

I, the undersigned* Participant, intending to be legally bound, understand and agree that I am voluntarily participating in an activity or activities sponsored by Amanda Cares, Inc. d/b/a Amanda the Panda ("ATP"), including, but not limited to, Camp Amanda®, support group, or Fun Day ("ATP Activities"), at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in participating in ATP Activities and certify that I am physically fit and have not been otherwise informed by any physician and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in ATP Activities.

In consideration of ATP's sponsorship of ATP Activities and my being permitted to participate in ATP Activities, I, on behalf of myself and my successors, assigns, agents, insurers, attorneys, heirs, executors, administrators, and representatives, hereby fully release and hold harmless ATP, its directors, officers, trustees, agents, employees, representatives, volunteers, donors, and any medical providers working for or on behalf of ATP, and each of their respective successors and assigns (be they individuals or organizations), together with each of their insurers and sponsors, of and from any and all claims, actions, causes of action (whether arising in contract, tort, by statute or otherwise), demands, debts, liabilities, rights, damages, costs, loss of services, expenses, compensation, third--party actions, suits at law or in equity, including claims or suits for contribution and/or indemnity, of whatever nature (including, but not limited to, any claim relating to alleged wrongful death), including all consequential, exemplary, or punitive damages, suffered by me at any time hereafter arising out of my voluntary participation in ATP Activities.

I also grant permission to ATP to render preventative or first-aid assistance or seek treatment or medical care that ATP or any medical providers working for or on behalf of ATP deem reasonably necessary, including hospitalization, for my health and well-being.

I agree to an evaluation of complicated grief and program-specific assessment, which will involve completion of ATP and industry assessment tools. Only teen and adult participants will be asked to complete evaluations. Evaluation is voluntary, and I may refuse to participate at any time. As the guardian/parent, I agree to let any minors participating in the young adult/teen group complete the screening assessment and program evaluation.

I also give permission to ATP to freely use my name, image, picture, and voice in any broadcast, telecast, print account, or any other account in any medium. I understand that this release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, image, picture and voice.

I understand that my information contained in this registration packet can be shared with staff and volunteers.

I acknowledge by signing this that my deposit may be cashed if I do not provide notice one week before services begin that I will no longer be taking part in services to which I have enrolled.

Please complete and sign the Waiver & Consent portion in each participant's registration below.

On the following pages,
please complete participant
registration, waiver, and
ACE Score for each
individual signing up for
programming.

Program Registration

Participant Registration and Waiver

Last name: _____ First name: _____ Middle Initial: _____

Date of birth: _____ Grade in school (if applicable): _____

Same address listed on page 1: Yes No

If No, please provide other address: _____

Relationship to loved one you are remembering: _____

Which program(s) are you registering for:

Support group session: Winter Spring Summer Fall

Camp: Spring Fall

Sex: Male Female

Marital status: Single Married Widowed Divorced

Primary race you identify with: White Black or African American American Indian or Alaska Native

Asian Native Hawaiian or Other Pacific Islander Multi-racial

Other I prefer not to answer

Ethnicity you identify with: Hispanic Non-Hispanic I prefer not to answer

Any health problems we should be aware of? No Yes: _____

Any special dietary needs? No Yes: _____

Any allergies staff need to be concerned about? No Yes: _____

Any medications needed during Camp Amanda*? No Yes: _____

*At Amanda the Panda, your health is of utmost concern to our volunteers and staff. Please inform us of any medication needs that will take place during your participation at Camp Amanda (example: rescue inhaler for asthma, as needed with physical activity). Any child participating in Camp Amanda will need to have trained ATP Staff/Volunteers securely store and administer medication. Adult participants are responsible for their own medication administration.

Any behavior problems we should be aware of? No Yes: _____

Are you currently seeking mental health counseling/therapy from a professional? No Yes

If no, are you interested in information about counseling/therapy services? No Yes

Participant Release & Consent– MUST be signed for each Participant

If 18 years or older: I have read the Participant Release and Consent on Page 2 and acknowledge that I fully understand and agree to the stated terms.

*Participant Signature**

Printed Name

Date

*Must be signed by parent or legal guardian if the Participant is under age 18 on the date this Release and Consent is signed.

If under age 18: I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and sign this Release and Consent on behalf of the Participant and myself.

Parent/Guardian Signature

Printed Name

Date

ACE Score (Adverse Childhood Experiences)

Please complete this survey for each participant registering for programming. Participants 14+, please complete on your own, participants 5-13 please have caretaker complete.

From birth to 18 years of age:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No ___ Yes ___
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No ___ Yes ___
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No ___ Yes ___
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No ___ Yes ___
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your caretakers were too drunk or high to take care of you or take you to the doctor if you needed it?
No ___ Yes ___
6. Were your parents ever separated or divorced?
No ___ Yes ___
7. Were your parents or other adults in the household:
Often or very often pushed, grabbed, slapped, or had something thrown at them by their significant other?
or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No ___ Yes ___
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No ___ Yes ___
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No ___ Yes ___
10. Did a household member go to prison?
No ___ Yes ___

Now add up your "Yes" answers: ___ (This is your ACE Score)

Program Registration

Participant Registration and Waiver

Last name: _____ First name: _____ Middle Initial: _____

Date of birth: _____ Grade in school (if applicable): _____

Same address listed on page 1: Yes No

If No, please provide other address: _____

Relationship to loved one you are remembering: _____

Which program(s) are you registering for:

Support group session: Winter Spring Summer Fall

Camp: Spring Fall

Sex: Male Female

Marital status: Single Married Widowed Divorced

Primary race you identify with: White Black or African American American Indian or Alaska Native

Asian Native Hawaiian or Other Pacific Islander Multi-racial

Other I prefer not to answer

Ethnicity you identify with: Hispanic Non-Hispanic I prefer not to answer

Any health problems we should be aware of? No Yes: _____

Any special dietary needs? No Yes: _____

Any allergies staff need to be concerned about? No Yes: _____

Any medications needed during Camp Amanda*? No Yes: _____

*At Amanda the Panda, your health is of utmost concern to our volunteers and staff. Please inform us of any medication needs that will take place during your participation at Camp Amanda (example: rescue inhaler for asthma, as needed with physical activity). Any child participating in Camp Amanda will need to have trained ATP Staff/Volunteers securely store and administer medication. Adult participants are responsible for their own medication administration.

Any behavior problems we should be aware of? No Yes: _____

Are you currently seeking mental health counseling/therapy from a professional? No Yes

If no, are you interested in information about counseling/therapy services? No Yes

Participant Release & Consent – MUST be signed for each Participant

If 18 years or older: I have read the Participant Release and Consent on Page 2 and acknowledge that I fully understand and agree to the stated terms.

*Participant Signature**

Printed Name

Date

*Must be signed by parent or legal guardian if the Participant is under age 18 on the date this Release and Consent is signed.

If under age 18: I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and sign this Release and Consent on behalf of the Participant and myself.

Parent/Guardian Signature

Printed Name

Date

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No ___ Yes ___
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No ___ Yes ___
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No ___ Yes ___
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No ___ Yes ___
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your caretakers were too drunk or high to take care of you or take you to the doctor if you needed it?
No ___ Yes ___
6. Were your parents ever separated or divorced?
No ___ Yes ___
7. Were your parents or other adults in the household:
Often or very often pushed, grabbed, slapped, or had something thrown at them by their significant other?
or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No ___ Yes ___
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
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No ___ Yes ___
10. Did a household member go to prison?
No ___ Yes ___

Now add up your "Yes" answers: ___ (This is your ACE Score)

Program Registration

Participant Registration and Waiver

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Printed Name

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*Must be signed by parent or legal guardian if the Participant is under age 18 on the date this Release and Consent is signed.

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No ___ Yes ___
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
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Printed Name

Date

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No ___ Yes ___
10. Did a household member go to prison?
No ___ Yes ___

Now add up your "Yes" answers: ___ (This is your ACE Score)

Checklist for Enrollment

- Complete entire enrollment form for all people in your family attending services.

- Tour Amanda's House

- We offer childcare for children whose parents are participating in support group. If you will need childcare during support group, please fill out a Participant Registration and Waiver form for each child.

Please consider donating to ensure other families are able to receive grief support from EveryStep Grief & Loss Services, home of Amanda the Panda

- Yes, I would like to donate \$35 (single person suggested donation amount)
- Yes, I would like to donate \$100 (family suggested donation amount)
- Yes, I would like to donate \$_____
- No, I am not able to donate at this time.

Thank you so much for your contributions to our programming.

Upon completing this form please return to our office by one of the following ways:

- Save the PDF to your files, attach it to an email and send to griefandloss@everystep.org.
- Print and mail the registration to: Amanda the Panda, 1821 Grand Avenue, West Des Moines, IA 50265

Please mail your donation to the address above. Thank you!

For Office Use Only

Registration

Received Date: _____ Staff: _____

Donation

Received Date: _____ Check #: _____ Amount: _____ Donation Date: _____

Notes: _____
