

Bereaved Families of Ontario-Midwestern Region

678 Belmont Avenue West, Suite 103 Kitchener ON N2M 1N6

Phone: 519-603-0196 Fax: 519-603-0198

email: support@bfomidwest.org website: www.bfomidwest.org

HEALING LITTLE HEARTS

Preschool Bereavement Program

The information on this form will assist the facilitators in preparing for this program.

It is confidential and will not be shared without your written permission.

Parent/Guardian Name(s):

Child's Name:

Age:

Child's Name:

Age:

Address:

Telephone #(day time hours)

(evening hours)

Email:

At least one parent or guardian needs to be present in the building during pre-school groups.

Who will attend meetings with the child? Please provide name & relationship:

Does your child have any allergies or medical issues we should be aware of?

Please tell us a little more about your family's loss:

Name of loved one:

Relationship to your child:

Date of death:

Age:

Cause of death:

Do you have other children at home? (name/s & age/s):

Children living outside the home? (name/s & age/s):
