



## DIVORCE GROUP REGISTRATION

Parent and/or Guardian **MUST** attend sessions with children

Date divorce was filed? \_\_\_/\_\_\_/\_\_\_

Is your divorce final?  Yes  No When was your divorce final? \_\_\_/\_\_\_/\_\_\_

Custodial Parent is:  mother  father  joint  not yet determined  in dispute

VPO?  Yes  No Issued against:  mother  father

Who will be attending support groups with the children?  mother  father  both  Other \_\_\_\_\_

Which night do you prefer to attend? \*  Tuesday  Thursday

\*subject to minimum enrollment requirements

### Required information

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pager/Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Race:  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino

Native Hawaiian/Other Pacific Islander  White

Income Level:  \$22,350 or below  \$22,351-\$49,999  \$50,000-\$99,999  \$100,000 or above

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pager/Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Race:  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino

Native Hawaiian/Other Pacific Islander  White

Income Level:  \$22,350 or below  \$22,351-\$49,999  \$50,000-\$99,999  \$100,000 or above

Name(s) of Child(ren)	Gender	Age	Birthdate	Race	Grade	Name of School
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do any of the children listed above feel that the divorce is their fault?  Yes  No (If yes, please list names below)

How would you describe your communication with the child(ren)'s other parent? \_\_\_\_\_

Mother remarried?  Yes  No If yes, are there stepchildren living with her?  Yes  No

If yes, what are stepchild(ren) ages? \_\_\_\_\_

Father remarried?  Yes  No If yes, are there stepchildren living with him?  Yes  No

If yes, what are stepchild(ren) ages? \_\_\_\_\_

How was the divorce explained to the child(ren)? \_\_\_\_\_

Has/Have the child(ren) experienced other recent losses e.g. loss of a loved one, friend, pet; change of residences, schools, etc? If yes, please explain (Incl. dates.) \_\_\_\_\_

Does the child(ren) have any medical problems (e.g., seizures, diabetes, ADD, ADHD, etc)?

Is/Are the child(ren) currently on any medications? If yes, please list \_\_\_\_\_

Has/Have the child(ren) exhibited physical symptoms/illnesses that did not exist before the divorce? If yes, please explain which child and symptoms \_\_\_\_\_

Has/Have the child(ren) exhibited marked behavioral changes since the divorce? If yes, please explain which child and changes \_\_\_\_\_

Did your child(ren) have behavioral problems prior to the divorce that interfered in his/her performance at school or home? If yes, please explain \_\_\_\_\_

Has/Have your child(ren) exhibited significant fears, anxieties or depression since the divorce? If yes, please explain \_\_\_\_\_

Is/Are the child(ren) currently seeing a counselor?  Yes  No (If yes, please list below)

Counselor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you currently seeing a counselor?  Yes  No (If yes, please list below)

Counselor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_



Has/Have your child(ren) been diagnosed by a mental health professional? If yes, please explain\_\_\_\_\_

Does your child(ren) use alcohol or drugs? If yes, please explain\_\_\_\_\_

Have you attended a Parenting Through Divorce seminar?  Yes  No Location:\_\_\_\_\_

Currently, members of my family are able to communicate with each other:

Strongly Agree  Agree  Disagree  Strongly Disagree

My child(ren) has/have a clear understanding of how the family's changed:

Strongly Agree  Agree  Disagree  Strongly Disagree

My child(ren) is/are comfortable expressing his/her/their feelings about the divorce:

Strongly Agree  Agree  Disagree  Strongly Disagree

How did you hear about Calm Waters?  Radio  TV  Newspaper  Internet  Church  Friend

Therapist  Attorney/Judge  School Counselor  Social Worker  Other\_\_\_\_\_

## PARTICIPATION CONSENT FORM

My signature below indicates that I have read and understand the information concerning confidentiality and description of services, and my consent is given for services to be provided to myself and my child (or children) who is (are) not of legal age. My signature also indicates that I have read and agree to comply with **GUIDELINES FOR FAMILIES AND RULES FOR PARTICIPATION.**

**Description of Services:** I understand that Calm Waters does not provide counseling, but is a program that provides emotional support while working through the natural grieving process. I am also aware that the group facilitators are trained volunteers and not professional counselors. It is my understanding that the Calm Waters program is for children and families whose lives have been changed by death or divorce. During the support groups, discussions may include background information and talking about areas of my life that may cause me and/or my child(ren) emotional pain, all for the purpose of trying to develop new and effective methods of coping with problem areas in my (or my child's) life.

**Confidentiality:** All services rendered and all information obtained is kept confidential by Calm Waters staff and cannot be released without permission. However, that there are special situations under which confidential information could be revealed such as a "Duty to Warn" and "Duty to Protect" ethic which requires Calm Waters staff & facilitators to break confidentiality when a danger exists to a group participant, their family, others, or property.

**Participation:** I give permission for my child(ren) listed below, to participate in the Calm Waters program. **I understand that a parent or guardian must participate in the support program with my child(ren).** I further understand that I am responsible for my child(ren)'s behavior while at Calm Waters and that if his/her behavior becomes inappropriate, we may be asked to leave the program. If this decision becomes necessary, it is at the discretion of the Calm Waters staff.

(Please print)

Child's Name	Child's Name	Child's Name	Child's Name
*Parent or Legal Guardian (Signature) (Date)	(Date)	*Parent or Legal Guardian (Signature)	

**\* In the case of joint custody or when custody has not yet been determined, both parents must give written consent \***

**\*\* Calm Waters does not provide therapy, nor keep records concerning group sessions. Attendance records are kept for one year only \*\***

## CONSENT TO USE LIKENESS

Calm Waters is a nonprofit agency, providing a free service to your family. Our programs are paid for by generous individuals like you; through contributions made by community corporations and foundations; grants; and various fundraising activities and events.

Calm Waters strives to tell our story to potential and existing donors and supporters, which will convey the importance of the work we do for many grieving children and families. So that more families can be helped, please allow us to use likenesses of your child(ren) in some of our promotional materials to raise funds, recruit group facilitators, and most importantly, make more families aware that Calm Waters is here for them, too. **Our policy is that we will never use your child(ren)'s real name or highlight any identifying circumstances.** It is always the intent of Calm Waters to protect the interests and lives of our children and at the same time be able to respectfully show “real” children who have participated in our programs. **Our need for such images is minimal and would never interfere with or interrupt a group session.** Whenever possible, Calm Waters uses “stock” images, but these are often costly, looked staged and do not illustrate the program activities our children engage in. Thank you so much for helping us help other families!

By my signature below, I give Calm Waters permission to use my child(ren)'s likeness(es). I understand that this consent extends to photographic, electronic, audio and video images, which may be used for print, video, Web or other mediums. Use of these likenesses will only be used for the strict purposes of Calm Waters' mission and management, and will never be sold or otherwise distributed to any outside entity. I also understand that no compensation will be paid for the use of such likenesses.

\_\_\_\_\_  
Child's name (Please Print)

\_\_\_\_\_  
Child's name (Please Print)

\_\_\_\_\_  
Child's name (Please Print)

\_\_\_\_\_  
Child's name (Please Print)

Permission granted

No permission granted

\_\_\_\_\_  
Parent or Legal Guardian Name (printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian Name (printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## INFORMATION & GUIDELINES FOR FAMILIES

Welcome!

1. Calm Waters is a support center for children and families whose lives have been changed by death or divorce. Calm Waters **does not provide counseling**, but is a program that provides emotional support while working through the natural grieving process. Our mission is to teach healthy coping skills to children young adults and their families and provide a secure environment where they can safely express feelings of grief and loss, thus facilitating the process of healing. Calm Waters is:
  - A safe harbor in a storm
  - A place to share with others who are also experiencing loss
  - A place of understanding and growth
  - A place to begin rebuilding
2. Calm Waters is of the belief that every child, young adult, and family member deserves the opportunity to grieve in a supportive and understanding environment. Our society often fails to understand the needs of a child who is separated from a loved one through death or divorce. Based on these beliefs, the principles of Calm Waters are:
  - Grief is the natural reaction to the loss of a loved one through death or divorce
  - Children experience grief and loss in a different way than adults
  - Within each individual is the capacity to heal one's self
  - The duration and intensity of grief are unique for each individual
  - Caring and acceptance are important parts to the healing process
3. Calm Waters addresses issues directly related to death or divorce. The topics are presented in ways that are appropriate for each age group.
4. Calm Waters support groups are broken down by age, because children and adults have differing abilities to understand and express feelings of loss. Our program has groups for young children, ages 3-4; ages 5-7; ages 8-10; preteens, teens and young adults 19-25. Our children's groups consist of a sharing time and a time for play activities. The language of play helps young children to express their emotions and feelings.

While children meet in their support groups, parents gather to share their own concerns and feelings. Trained volunteers facilitate all groups. Calm Waters facilitators support and encourage the adults by providing information about how children grieve and how parents can help their children and each other through the painful process.

5. Children and adults respond to grief and loss in a variety of ways. The difficult feelings of grief may sometimes precipitate a crisis in a family (i.e. suicidal feelings, drug and alcohol abuse). Calm Waters recognizes that often a family may need more than support in processing their grief. The Calm Waters staff can refer you to counselors and other support groups in the area. The Calm Waters staff can assist you at this time in finding the emergency services that you need to guide you through this crisis. Please don't hesitate to contact us whenever you need referral information

6. Calm Waters' staff is available to discuss with you their impressions of your children in a general manner, but we consider what is spoken in the group time, member-to-member and member-to-volunteer facilitator or staff as confidential. Confidentiality is based upon our basic right of privacy and it is an important obligation for us to honor and assure the ongoing success of the support groups. The policy of confidentiality about the private information of your lives is strictly maintained except in cases of:

**EXCEPTION 1:** Suicidal expression

**EXCEPTION 2:** Physical, mental, sexual abuse

**EXCEPTION 3:** If we have reason to be concerned about the drug and alcohol use/abuse by a child, we reserve the right to inform the parent.

**EXCEPTION 4:** If the court subpoenas information, we will make an attempt to contact you about this order. If you oppose the release, a court may nevertheless require compliance with the order. General records kept by Calm Waters personnel include registration and attendance only.

**EXCEPTION 5:** If we learn that someone participating at Calm Waters might commit an act of violence or become a victim of violence, such as "a child or an adult is being abused," we WILL take steps to protect the intended victim against such danger by contacting DHS and/or law enforcement if necessary

If a family wants more specific feedback and evaluation of a child's grieving adjustment process, we recommend a professional evaluation by a therapist.

7. We view the issues of drug and alcohol abuse as counter-productive to the expression of grief and we believe that these issues need to be addressed professionally before grief work can proceed.

8. We offer a certificate of completion at the end of the support sessions, however, because of the importance of continuity of the groups at Calm Waters, and out of consideration for people on the waiting list, we ask that if a family misses more than **two sessions** in a row, without notification, that they return to the waiting list. The certificate of completion will not be issued to any family member who has not attended at least six sessions. It is the responsibility of the participant to notify Calm Waters if they are unable to attend their group session. (Please do not drop off your children; an adult **must** accompany the children to each group night).

9. Parents are responsible for their children at Calm Waters. Since the group time is limited, we ask that you feed your children prior to the beginning of group and allow them to use the restroom.

10. A parent or a facilitator must be with children when they are outside. No child is allowed to leave the building unaccompanied.

11. Calm Waters is a family program. Children attend children's support groups accompanied by a family member or guardian who attends the adult support group at the same time. **Children are not able to attend groups without a responsible adult. Adults who attend must have a child attending groups.**

12. In order to maintain the confidentiality and integrity of the groups, we ask that you not bring additional family members or friends to the group.