



Hope for Grieving Children
www.hopeforgrievingchildrengeorgia.org
(770) 344-3410

Family Agreement Form

By signing this form, I agree to participate in the Hope for Grieving Children program and the following program guidelines:

1. I understand the program provides a support group for children, teenagers and adults who are grieving the death of a loved one and does not offer therapy or counseling as a part of the program.
2. I agree to attend the group regularly. I agree to call when I am unable to attend the group.
3. I agree that a child or teenager must always be accompanied and supervised by a parent or responsible adults. I agree to always have a parent or adult remain at the Center while the child/teenager is in the group session.
4. I agree to honor the confidentiality of the support group.

Signature of each family member/volunteer:

Date