

Grandparents Raising Grandchildren

Registration Form

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone number: _____ E-mail address: _____

Age: _____ Gender: _____ Male _____ Female

Ethnic Background:

_____ Caucasian

_____ Hispanic

_____ African American

_____ Asian

_____ Native American

_____ Other _____

Please check all that apply.

1. How long have you been caring for a grandchild?

_____ less than a year

_____ 1-3 years

_____ more than 3 years

2. How many grandchildren do you care for?

_____ 1

_____ 3

_____ 2

_____ more than 3

3. What are the ages of the children you care for?

_____ under 5

_____ 12-14 years

_____ 5-8 years

_____ 15-18 years

_____ 9-11 years

Please see other side.



4. What are your biggest concerns?

- legal issues
- homework/school
- money
- energy and patience to keep up
- my own health
- dealing with child's parents
- feelings of guilt
- future of child/children
- finding help
- other: _____

5. What is the best time for you to meet with Grandparents Raising Grandchildren?

- day time
- evening
- Saturday
- e-mail group

Thank you for your response!

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