

DC4K Registration Form

Child's name _____ Age _____ Birth date _____

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Address _____

City _____ State _____ Zip _____

Home Phone _____

Church Child Attends _____

Name of the school the child attends _____

Consent and Release Form

I understand that DC4K is not a counseling service or therapy program but a biblically based, Christ-centered program to help children of divorce heal in a group setting. DC4K is designed to bring children of divorce into the loving arms of a church family and feel God's love surrounding them.

Registering Parent's Signature _____ Date _____

Emergency Contact Information & Pick-up Authorization

In case of an emergency, contact the following persons (other than a parent). They are also authorized to pick up my child if I am unable to do so. A photo-identification will be required.

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

Does your child(ren) have any allergies, especially food allergies? Yes No
If yes, please specify _____

Who has custody? Mother Father Joint Guardian Other _____
Is there anything we should know about the child's family situation and living arrangement that would be helpful?

Child's Mother Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Email Address _____

Current Marital Status: Separated Divorced Remarried Single

Date Separated _____ Date Divorced _____ Date remarried _____

Child's Father Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Email Address _____

Current Marital Status: Separated Divorced Remarried Single

Date Separated _____ Date Divorced _____ Date remarried _____

----- Has child
attended DC4K before? Yes No
How did you hear about DC4K? _____