



DivorceCare for Kids

Child Registration Form

The following information will aid the DC4K leaders in working with your child. This form must be completed and returned to: Lauren Scott, 2927 Spring Mountain Drive, Loveland, CO 80537 prior to the child's attendance.

CHILD INFORMATION

Child's Name _____ Grade _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____

Who Has Custody? Mother Father Joint Guardian Other _____

Describe child's family situation and living arrangements _____

Describe child's visitation arrangement _____

Church child attends _____ City _____

Are there any special accommodations we need to be aware of regarding your child in order to provide the best program for your child? Yes No

If yes, please specify _____

Does your child have any allergies, especially food allergies? Yes No

If yes, please specify _____

Is there anything else our DC4K leaders should know about your child? Yes No

If yes, please specify _____

SIBLING INFORMATION

Name _____ Birth _____ Half _____ Step _____ Adopted _____ Grade _____ Age _____

Name _____ Birth _____ Half _____ Step _____ Adopted _____ Grade _____ Age _____

CHILD'S MOTHER INFORMATION

Mother's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Current Marital Status: Separated Divorced Remarried Single

Date Separated _____ Date Divorced _____ Date Remarried _____

Persons living in Mother's home *other than siblings* _____

Name _____ Age _____ Relationship _____

CHILD'S FATHER INFORMATION

Father's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Current Marital Status: Separated Divorced Remarried Single

Date Separated _____ Date Divorced _____ Date Remarried _____

Persons living in Father's home *other than siblings* _____

Name _____ Age _____ Relationship _____

EMERGENCY CONTACT INFORMATION

In case of emergency, contact the following persons (other than parents)

1. Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Is there anyone **NOT** authorized to pick up your child?

Name _____ Relationship _____

Address _____ City _____ Zip _____

CONSENT AND RELEASE

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 to feel God's love surrounding them.

Registering Parent's Signature _____ Date _____