

DC4K Child Information Form

The following information will aid the DC4K leaders in working with your child.
This form must be completed and returned to Faith Church prior to child's attendance.

CHILD INFORMATION

Child's Name _____ Grade _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Name of school child attends _____ School Telephone _____

Name of child's school teacher _____

Who has custody? Mother Father Joint Guardian Other _____

Describe child's family situation and living arrangement. _____

Describe child's visitation arrangement. _____

Has child attended DC4K before? Yes No When? _____ Where? _____

Church child attends _____ City location _____

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

Indicate if sibling relationship is by birth, half, step, adopted.

Name_____ Birth Half Step Adopted Grade____ Age____

Name_____ Birth Half Step Adopted Grade____ Age____

Name_____ Birth Half Step Adopted Grade____ Age____

Name_____ Birth Half Step Adopted Grade____ Age____

CHILD'S MOTHER INFORMATION

Mother's Name_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____ Cell Phone_____

Email Address_____

Employer_____ Occupation_____

Current marital status: Separated Divorce 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_____ State_____ Zip_____

Home Phone_____ Work Phone_____ Cell Phone_____

Father's Email Address _____

Employer _____ Occupation _____

Current marital status: Separated Divorce Remarried Single

Date Separated: _____ Date Divorced: _____ Date Remarried: _____

Persons living in father's home other than siblings: _____

Name _____ Age _____ Relationship _____

GENERAL INFORMATION

How did you hear about DC4K? _____

Will you be attending the adult **DivorceCare** ministry program? Yes No

Do you have a teen attending the **Life Hurts...God Heals** program? Yes No

EMERGENCY CONTACT INFORMATION

In case of an emergency, contact the following persons (other than parent):

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

PICK-UP AUTHORIZATION

If I am unable to pick up my child, the following persons are authorized to do so.
A photo-identification will be required.

Pick-Up Information:

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

DC4K Registration fee: \$15 for first child, \$30 for 2 or more children. Maximum \$30 per family (covers all 13 weeks and workbook)

Payment attached.

I'll bring it next week.

Please cover my registration from the scholarship fund.

(We do not want finances to keep your child from coming to our DC4K group. If you need help with the registration fee, all you have to do is check this line, and the registration will be paid from our scholarship fund.)

Nursery care can be made available with advanced notice for children age 0-4 at no charge. If you require nursery care for a child, please list their names and ages below:

Child's Name _____ Age _____

Child's Name _____ Age _____

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 to feel God's love surrounding them.

Registering Parent's Signature _____ Date _____