

# DC4K Child Information and Registration Form

Beginning Sunday, February 5, 2012

9:15 am, Room 121

13 Week Session

Fellowship Bible Church

480 W. Crossville Rd.

Roswell, GA 30075

770-641-5623

The following information will aid the DC4K leaders in working with your child. This form must be completed and returned to Fellowship Bible Church to ensure your child's registration in the class.

## Child Information

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

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 \_\_\_\_\_

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\_\_\_\_\_

## Child's Mother Information

Mother's Name\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

E-mail Address\_\_\_\_\_

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\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email Address\_\_\_\_\_

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**

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

### **Emergency Contact Information**

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

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

### **Pick-up Authorization**

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

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Address\_\_\_\_\_

**Registration Fee:** \$15.00 (Cost of workbook )

\_\_\_\_\_Payment attached

\_\_\_\_\_Please cover my registration from the scholarship fund. (We do not want finances to keep your child from coming to our DC4K groups. 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.)

### **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 \_\_\_\_\_

*Parents – In the interest of doing our very best to serve you and your child, we ask you to consider making arrangements with the non-custodial parent to cooperate in bringing your child to class on weekends the child may spend with that parent. This will allow continuity and security for your child.*