

DC4K Child Information Form

OFFICE USE: Fall Session Winter Session Spring Session Summer Session YEAR _____

The following information will aid the DC4K leaders in working with your child. The more complete the information, the better prepared leaders can be in working with your child. All information on this sheet and discussed by children in DC4K sessions will be kept confidential. All family contact will be with the registering parent only.

CHILD INFORMATION

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

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Who has custody? Mother Father Joint Guardian Other _____

Describe the child's family situation and living arrangement _____

Describe the child's visitation arrangement _____

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

Church Child Attends (if any)? _____ 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

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 _____ 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 _____ State _____ Zip _____

Home 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 _____

GENERAL INFORMATION

How did you hear about DC4K? _____

Will you be attending the adult Divorce Care ministry program? Yes No

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 _____

Each DC4K session has it’s own photo album that includes pictures of the children during various activities. This album is for children to look at and all pictures will be removed at the end of the 13 weeks.

I give my permission for my child to be photographed for this session’s photo album. Yes No

EMERGENCY CONTACT INFORMATION

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

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

PICK-UP AUTHORIZATION

If I am unable to pick up my child, the following persons are authorized to do so.

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Registering Parent’s Signature _____ Date _____