



## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

\_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other

If separated or divorced, how long? \_\_\_\_\_

How did you hear about DivorceCare?

How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

Do you need childcare for the sessions? \_\_\_\_\_

Cost of Workbook: \$15.00. (Scholarships available.)

I understand that DivorceCare is a lay led support group and is not a professional counseling or professional therapy group of any type. I will be invited to, but not required to, share openly in a group discussion. I also understand that if my behavior or participation is offensive, disruptive, or counter-productive to the group setting, I will be asked to stop. If I refuse to do so, I understand that I may be asked to leave.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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