



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: \$20.00. (Scholarships are 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: _____



15050 WEST MAPLE ROAD, OMAHA, NE 68116
402.431.8560 EXT. 31
www.standrewsomaha.net