



Child Information Form

The following information will aid the DC4K leaders in working with your child. This form must be completed and returned to Diana Faust prior to start of session.

CHILD INFORMATION

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

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

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Name of school children attend _____

Who has custody? Mother Father Joint Guardian Other _____

Describe children's family situation and living arrangement _____

Describe children's visitation arrangement _____

Have children attended DC4K before? Yes No When? _____ Where? _____

How did you hear about DC4K? _____

Church Children Attend _____ City Location _____

Are there any special accommodations we need to be aware of regarding your children in order to provide the best program for them? Yes No

If yes, please specify _____

Do your children have any allergies, especially food allergies? Yes No

If yes, please specify _____

Do your children take any medications on a regular basis? Yes No

If yes, please indicate the reason _____

Is there anything else our DC4K leaders should know about your children? 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 ____

MOTHER'S INFORMATION

Mother's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work 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 _____

FATHER'S INFORMATION

Father's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work 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 _____

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

PICTURE RELEASE

I understand that there may be times that pictures are taken to be used for promotion of DC4K on the St. Andrew's website, newsletters, and/or other printed material.

- I give permission for my children's picture to be used for this purpose.
- I do not want my children's picture taken for this purpose.

Parent's Signature _____ Date _____

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.

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 _____

Registering Parent's Signature _____ Date _____

Registration Fee: \$20 per child (covers all 13 weeks)

- Payment attached
- I'll bring it next week
- Please let me know if there are any scholarships available.

CONSENT AND RELEASE FORM

I understand the 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. I also understand that a child's disruptive behavior can reduce the healing benefits to other children. If my child(ren) create a distraction in the DC4K setting, I understand that I will be informed of this and may be asked to help remedy the situation, including and up to finding an alternative setting for my child(ren).

Registering Parent's Signature _____ Date _____