

Confidential

DC4K Registration & Child Information

The following information will aid the DC4K leaders in working with your child. This form MUST be completed and returned in order for your child to participate. Please complete and return to: Holly Ward, Community Downtown, 522 7th St., Columbus, IN 47201

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

Address _____

City _____ State ____ Zip Code _____

Home Telephone: _____

School child attends _____

Who has custody? Mother Father Joint Guardian Other _____

Describe child's family situation and living arrangement: _____

Has child attended DC4K before? **Yes** (When? _____ Where? _____) **No**

How did you hear about DC4K? _____

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

Name of church child attends _____

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 ____

Name _____ Birth Half Step Adopted Grade ____ Age ____

CHILD'S MOTHER INFORMATION

Mother's Name _____

Address _____

City _____ State ____ Zip Code _____

Home Telephone: _____ Work Telephone _____ Cell _____

Employer _____ Occupation _____

CHILD'S FATHER INFORMATION

Father's Name _____

Address _____

City _____ State ____ Zip Code _____

Home Telephone: _____ Work Telephone _____ Cell _____

Employer _____ Occupation _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

City _____ State ____ Zip Code _____

Home Telephone: _____ Work Telephone _____ Cell _____

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 _____ Home or Cell Phone _____

2. Name _____ Home or Cell Phone _____

CONSENT AND RELEASE:

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 into the loving arms of a church family and to feel God's love surrounding them.

Registering Parent's Signature _____

Date _____