



Child Information Form

Disclaimer: This information will be regarded as private and confidential and will only be shared with the DC4K leaders.

The following information will aid the DC4K leaders in working with your child.

Child Information

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

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Who has custody? Mother Father Joint Guardian Other _____

Briefly describe the circumstance of your divorce. _____

Describe the child's family situation and living arrangement. _____

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 you 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 _____

Name _____ Birth _____ Half _____ Step _____ Adopted _____ Grade _____ Age _____

Child's Mother Information

Mother's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Current marital status: Separated Divorce 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 _____ Work Phone _____ Cell Phone _____

Email address _____

Current marital status: Separated Divorce Remarried Single

Date Separated: _____ Date Divorced: _____ Date Remarried: _____

Persons living in father's home other than siblings: _____

Name _____ Age _____ Relationship _____

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

Registering Parent's Signature _____ Date _____

Emergency Contact Information

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

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

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 _____

Email address _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____