

**Divorce Care for Kids  
Child Information Form**

The following information will aid the leaders in working with your child. This form must be completed and returned to the Divorce Care for Kids the first night your child attends the seminar.

Child's Name \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of school child attends \_\_\_\_\_ Name of child's teacher \_\_\_\_\_

Who has custody?    Mother          Father          Joint          Guardian          Other

Describe child's family situation and living arrangement \_\_\_\_\_  
\_\_\_\_\_

Describe child's visitation arrangement \_\_\_\_\_

Has child attended Divorce Care for Kids before?      If yes, where/when? \_\_\_\_\_

Church child attends \_\_\_\_\_  Location \_\_\_\_\_

Are there any special accommodations we need to be aware of regarding your child in order to provide the best program for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any Allergies, especially food allergies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else our Divorce Care for Kids should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child Information**

Sibling Information: Please indicate if sibling is by birth, half, step or 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 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Current marital status:      Separated      Divorced      Remarried      Single

How long separated \_\_\_\_\_ How long divorced \_\_\_\_\_ Date remarried \_\_\_\_\_

Persons living in mother's or primary care 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 \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Current marital status:      Separated      Divorced      Remarried      Single

How long separated \_\_\_\_\_ How long divorced \_\_\_\_\_ Date remarried \_\_\_\_\_

Persons living in father's or primary care home other than siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**Consent and Release**

I understand that Divorce Care for Kids (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. Divorce Care for Kids is designed to bring children of divorce into the loving arms of a church family and to feel God’s love surrounding them.

Registering Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Will you be attending the adult Divorce Care ministry program?    Yes    No

**Emergency Contact Information**

**In case of an emergency, contact the following persons (other than parent)**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**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, or the name tag number attached to you child.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Registering Parent’s signature** \_\_\_\_\_ **Date** \_\_\_\_\_