



Ministry Products

The following information will aid the DC4K leaders in working with your child.
This form must be completed and returned prior to your child's attendance.

Child Information

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

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Custodial Parent Mother _____ Father _____ Joint _____ Guardian _____ Other _____

Church child attends _____ Location _____

Are there any special accomodations we need to be aware of regarding your child in order to provide the best program for your child? Yes _____ No _____

If yes, please specilfy _____

Does your child have any food allergies? _____

Is there anything else our DC4K leaders should know about your child? Yes _____ No _____

If yes, please specify _____

Child's Mother Information

Mother's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Current Marital Status: Separated Divorced Remarried Single

Date Separated _____ Date Divorced _____ Date Remarried _____

Person's 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 _____

Current Marital Status: Separated Divorced Remarried Single

Date Separated _____ Date Divorced _____ Date Remarried _____

Person living in Father's home other than siblings _____

Name _____ Age _____ Relationship _____

Consent and Release

In order for your child to attend this program, you as a parent must be present at the Faith Dyer Campus while your child is attending the class.

I understand that DC4K is not a counseling service or therapy program but a biblically based, Christ centered program developed to assist children of divorce heal in a healthy 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.

Registering Parent's Signature _____ **Date** _____