

DC4K Child Information Form

OFFICE USE: Fall Session Winter Session Spring Session Summer Session YEAR_____

DC4K Child Information Form

The following information will aid DC4K Safe Keepers in working with your child. Complete and return this form to _____ prior to session start.

SECTION 2: CHILD INFORMATION

Child's Name_____ Age_____ Grade _____ Birth Date_____

Address_____

City_____ State_____ Zip_____

Home Telephone_____

Name of school child attends_____ School telephone_____

Name of child's school teacher_____

Who has custody? Mother Father Joint Guardian Other_____

Describe child's family situation/living arrangement_____

Describe child's visitation arrangement_____

Has child attended DC4K before? Yes No When? _____ Where?_____

Church child attends_____ City/Location_____

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

If yes, please specify_____

Does your child have any allergies especially food? Yes No

If yes, please specify_____

Is there anything else DC4K Safe Keepers should know about your child? Yes No

If yes, please specify_____

SECTION 3: SIBLING INFORMATION (indicate if sibling relationship)

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 Telephone _____ Work phone _____ Cell phone _____

Email address _____

Employer _____ Occupation _____

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 _____

CHILD'S FATHER INFORMATION

Father's name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work phone _____ Cell phone _____

Email address _____

Employer _____ Occupation _____

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 _____

SECTION 4: GENERAL INFORMATION

How did you hear about DC4K? _____

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 of divorce 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(s) (other than parent))

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ work phone _____ Cell phone _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ work phone _____ Cell phone _____

PICK-UP AUTHORIZATION

If I’m unable to pick-up my child, the following persons are authorized to do so. (photo-identification will be required)

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ work phone _____ Cell phone _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ work phone _____ Cell phone _____

Registering parent’s signature _____ Date _____