

DC4K CHILD INFORMATION FORM

Date of Class _____

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

CHILD INFORMATION

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

Address _____

City _____ State _____ Zip _____

Home Telephone _____ E-Mail _____

Name of school child attends _____ School Phone # _____

Name of child's school teacher _____

Who has custody? Mother Father Joint Guardian Other _____

Describe child's living/visitation arrangement: _____

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

How did you hear about DC4K? _____

What church does your family attend? _____

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?

(I.E. ADD, ADHD) Yes No

If yes, please specify: _____

SIBLING INFORMATION

Indicate if sibling relationship is by birth, half, step, adopted etc.

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 (if different from child's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Employer _____ Occupation _____

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 (If different from child's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Employer _____ Occupation _____

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 _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, contact the following persons (Other than Parent)

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____

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.*

1. Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Registering Parent's Signature _____ Date _____

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 _____