



**Cornerstone Resources Staff**

Please staple this form to the regular LifeU form which must also be filled out and place in

**DIVORCECARE & DC4K REGISTRATION FORM**

Your Name (children entered below): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_ Gender:  M  F

Telephone: Res: \_\_\_\_\_ Bus: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Method Preference:  Residence  Business  Cell  Email

I am registering myself for a Divorce Care Program

for the original 13 week program (\$21.00)

for DivorceCare: Safe People (\$ 5.00) (required text must be purchased separately at Cornerstone Resources)

AND/OR

I am registering my child(ren) for Divorce Care 4 Kids that runs concurrent with the Adult DC program

Marital Status:  Legally Married  Common-Law Relationship  
 Separated  Divorced How Long? \_\_\_\_\_

How did you hear about DivorceCare/DC4K? \_\_\_\_\_

**Divorce Care 4 Kids form (please turn over):**

The DC4K program is designed for children ages 5 through 12 (no exceptions) and mirrors the topics of the DC program for the parent.

**Pre-registration is required for the DC4Kids program**

The Parent **MUST** remain on campus during the children’s program.  
The parent will not be allowed to participate in the DC4K program with their child.

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DC/DC4Kids meets at First Alliance church, 12345 – 40<sup>th</sup> Street SE  
You will be contacted by a member of the DivorceCare team  
when your registration form is received

Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Cost: \$20.00

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Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Cost: \$10.00

Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Cost: \$ 0.00

Are there any special accommodations we need to make regarding your child/children in order to provide the best program for them? Please specify.

\_\_\_\_\_

Does your child/children have any allergies, especially food allergies? Please specify.

\_\_\_\_\_

Is there anything else our DC4K leaders should know about your child/children? Please specify.

\_\_\_\_\_

*Are there custody issues we need to be aware of? (i.e. Custody Orders)  Yes  No*

*If "yes" give a brief description here and a fuller brief to the Group Facilitator (Cordell Schreiner) when he contacts you.* \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information (in case of emergency, contact the following persons {other than Parent}):

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Telephone: Res. \_\_\_\_\_ Bus. \_\_\_\_\_ Cell \_\_\_\_\_

**Pick-up Authorization** (If I am unable to pick up my children, the following persons are authorized to do so)

**Note: Photo-identification will be required**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Telephone: Res. \_\_\_\_\_ Bus. \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Telephone: Res. \_\_\_\_\_ Bus. \_\_\_\_\_ Cell \_\_\_\_\_

Registering Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_