

Participants Registration Form

Name:

Street Address:

City: State: Zip:

Home Phone: Cell Phone:

Email Address:

Date of Birth: (month / day) /

Emergency contact: (name and phone number)

How did you hear about DivorceCare:

Childcare and Youth Program: Need Most of Time: Need Sometimes: Do Not Need:
 Check appropriate box

Nursery Care (Ages 0 thru 3 years old in the Preschool Wing)

CORE Kids Classes (Ages 4 years old thru 5th grade in the Elementary Hall)

Youth Program (CREW) (Grades 6th thru 12th in the Bost Memorial Hall)

Children's Information:	Child 1	Child 2	Child 3
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Grade:	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have more than 3 children, please use an additional form filling the Name and additional children's information

I UNDERSTAND CONFIDENTIALITY IS MANDATORY IN MY GROUP AND THAT ANYTHING SAID IN THE GROUP IS TO STAY IN THE GROUP. I UNDERSTAND DIVORCECARE IS NOT COUNSELING, BUT A GROUP LED BY VOLUNTEERS. I ALSO UNDERSTAND THE VOLUNTEERS AND/OR LEADERS OF THIS PROGRAM HAVE AN OBLIGATION TO REPORT ANY DISCLOSURE OF INTENT TO HARM ONESELF OR OTHERS TO THE PASTORS AT [HOST CHURCH], MY CHURCH OR TO ANY OTHER APPROPRIATE AGENCY. IN ADDITION, I COMMIT TO ADHERING TO THE GROUP GUIDELINE AGREEMENT PROVIDED ON WEBSITE.

Signature _____ Date _____