



DivorceCare for Kids

REGISTRATION FORM

Child's name _____ Age ____ Grade ____ Birth date _____

Child's name _____ Age ____ Grade ____ Birth date _____

Child's name _____ Age ____ Grade ____ Birth date _____

Child's name _____ Age ____ Grade ____ Birth date _____

Current address _____

Home phone _____ Work phone _____ Cell phone _____

Please print email address _____

Again, please print same email address _____

Name and relationship of person the child lives with _____

How did you hear about DC4K ? _____

Registration fee: \$25.00 (covers all 13 weeks)

Registering parent's signature _____ Date _____