



DC4K

Child Application Form

DC4K is a thirteen week, faith-based program designed to help children grades 1-6 work through the hurt and confusion of divorce. The following information will help our DC4K team as they work with your child. This form should be completed and returned to City Life Centre two weeks before the first session. More information about DC4K and City Life Centre is available at www.citylifecentre.ca.

General Information

Child's Name _____

Gender _____ Age _____ Grade _____ Birth Date _____

Address _____

City _____ Province _____ Postal Code _____

Home phone _____

Who has custody? Mother Father Joint Guardian Other _____

Describe your child's family situation and living arrangement _____

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

Does your child have any type of allergies? Yes No

If yes, please specify _____

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 _____

Is there anything else our DC4K leaders should know about your child? Yes No

If yes, please specify _____

How did you hear about DC4K? _____

Would you be interested in attending the adult Divorce Care program? Yes No

General Information Continued

Have you/do you participate in other programs hosted by other community organizations (churches, government organizations, not-for-profit societies, etc.)? If yes, what (please be specific)?

Mother's Information

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home phone _____ Work phone _____ Cell phone _____

Email _____

Current Marital Status: Separated Divorced Remarried Single

Father's Information

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home phone _____ Work phone _____ Cell phone _____

Email _____

Current Marital Status: Separated Divorced Remarried Single

Emergency Contact Information

In case of an emergency, contact the following persons (other than parent):

Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

Pick Up Authorization

If I am unable to pick up my child, the following person is authorized to do so. A photo identification will be required.

Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

Registering Parent's Signature _____ Date _____

Waiver and Release of Liability

In consideration of City Life Centre and City Life Church, including its leaders, volunteers and administrators that have permitted me to attend and participate in this program, I hereby waive all rights which I may now have or which may accrue in the future against the above mentioned parties. I hereby release and discharge them, holding them harmless from and against all liability for any and all action, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgments which I and my entire family ever had, now have, or hereafter can, shall, or may have resulting from or arising in connection with my involvement with these organizations. As the parent I accept the terms of this waiver and release of liability as a condition to my child's attendance of this program.

Name _____ Date _____

Signature _____

Your Agreement

In submitting this application (please initial each box):

I agree to include the \$25 enrollment fee with my application (once the program has started the enrollment fee is non-refundable).

I agree to have my child attend all weekly sessions and help my child complete their at-home assignments to the best of my ability.

I understand that my child being responsible for his/her behaviour. Negative actions, attitudes or language may result in removal from the program.

I understand that DC4K is not a counseling service or therapy program but a biblically based, Christ-centered program designed to help children of divorce heal in a group setting.

I give permission for photos or video of my child's participation to be used for promotional purposes.

Name _____ Date _____

Signature _____