



# 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](http://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 \$20 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\_\_\_\_\_