



# DivorceCare for Kids

## DC4K Registration

Fall Session 2011

Beginning September 12, 2011 @7:00 PM Preschool Classroom #2

Calvary Baptist Church

2407 Broadway, Yankton, SD 57078

(605)665-5594

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home- \_\_\_\_\_ Cell- \_\_\_\_\_ Email \_\_\_\_\_

Person the child lives with \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Who has custody? Mother Father Joint Guardian Other \_\_\_\_\_

Describe child's family situation and living arrangement \_\_\_\_\_

\_\_\_\_\_

Church child attends \_\_\_\_\_ City \_\_\_\_\_

Are there any allergies, especially food, or other accommodations we need to be aware of for your child?

\_\_\_\_\_ if yes, describe \_\_\_\_\_

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### Sibling Information- please indicate if sibling relationship is by birth, step, half, or adopted

Name \_\_\_\_\_ birth step half adopted Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ birth step half adopted Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ birth step half adopted Grade \_\_\_\_\_ Age \_\_\_\_\_

**Child's Mother's Information**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone- H- \_\_\_\_\_ C- \_\_\_\_\_ W- \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Current Marital Status: Separated Divorced Remarried Single

Date Separated \_\_\_\_\_ Date Divorced \_\_\_\_\_ Date Remarried \_\_\_\_\_

Persons living in mother's home other than siblings: \_\_\_\_\_

**Child's Father's Information**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone- H- \_\_\_\_\_ C- \_\_\_\_\_ W- \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Current Marital Status: Separated Divorced Remarried Single

Date Separated \_\_\_\_\_ Date Divorced \_\_\_\_\_ Date Remarried \_\_\_\_\_

Persons living in father's home other than siblings: \_\_\_\_\_

Calvary requests a donation of \$12 to cover the cost of the workbook, which your child will keep. If you are unable to cover the cost, scholarships are available. Please contact Laura Kotalik at 605-665-5594 for more information about scholarships.

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

NOTE: Child will be released to registering parent ONLY unless prior arrangements have been made with the DC4K staff.