

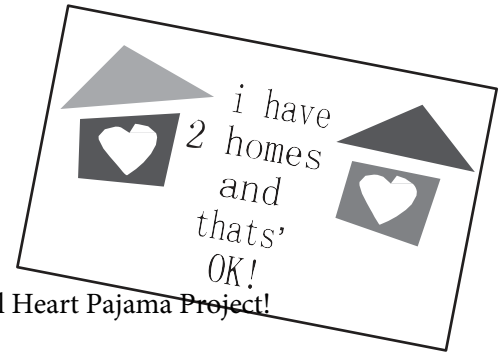
# Children of Divorce & Changing Families Registration Form

Time: **Mondays, 6:30pm - 8:00pm**

Location: **St. Philip's in the Hills Episcopal Church**

(NE corner of Campbell & River Road)

This non-sectarian program assists family members (divorced/separated/unmarried) during this difficult transition. Program consists of a parents group and various peer groups participating in age-appropriate activities for children 3-18. A \$60 donation is requested to support costs, but no one is turned away.



Upon completion of this group each child will get pajamas and a book from the Angel Heart Pajama Project!  
Please sign us up for: (check date you wish to attend)

     **Fall 2018 (Oct 8 – Nov 26)**

     **Spring 2019 TBD**

Name of Parent: \_\_\_\_\_

Name(s) and Age(s) of children:

1) \_\_\_\_\_ Age: \_\_\_\_\_, 2) \_\_\_\_\_ Age: \_\_\_\_\_, 3) \_\_\_\_\_ Age: \_\_\_\_\_

4) \_\_\_\_\_ Age: \_\_\_\_\_, 5) \_\_\_\_\_ Age: \_\_\_\_\_, 6) \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (day): \_\_\_\_\_ Phone: (evening): \_\_\_\_\_ Email: \_\_\_\_\_

Date of separation/divorce \_\_\_\_\_

Has there been a major change in family finances since the separation?  yes  no

What is the parenting time situation? \_\_\_\_\_

Does your child have an allergy we should know about? (Leaders provide snacks at end of class) \_\_\_\_\_

Do you have any concerns regarding your child's physical, emotional or mental health? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This knowledge is useful to our leaders as they plan activities. This form is confidential and will be seen only by leaders and Divorce Recovery, Inc. staff.*

Where did you hear about us?

friend/former participant       flyer (location) \_\_\_\_\_       website: \_\_\_\_\_       Other \_\_\_\_\_

### Permission Statement:

By enrolling my child/children, I give permission for them to participate in the Children of Divorce and Changing Families program under the direction of the Divorce Recovery leaders assigned to their age group.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to:

**Divorce Recovery / CODCF**  
**1051 N. Columbus, Suite 103, Tucson, AZ 85711**

