

# DivorceCare

Date: \_\_\_\_\_

## REGISTRATION

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Name \_\_\_\_\_ male \_\_\_\_\_ female

Address \_\_\_\_\_

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

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ If so, how long? \_\_\_\_\_ If not, when anticipated?

How did you hear about DivorceCare?

<input type="checkbox"/> Friend	<input type="checkbox"/> Brochure	<input type="checkbox"/> Attorney
<input type="checkbox"/> Pastor or Priest	<input type="checkbox"/> Poster	<input type="checkbox"/> Psychologist/Psychiatrist
<input type="checkbox"/> Church Bulletin	<input type="checkbox"/> Newspaper Listing	<input type="checkbox"/> CW Website
<input type="checkbox"/> Church Newsletter	<input type="checkbox"/> Radio	<input type="checkbox"/> Counselor
<input type="checkbox"/> Past DivorceCare Participant	<input type="checkbox"/> Lawn Sign	<input type="checkbox"/> Television

Do you presently attend church on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where do you attend?

\_\_\_\_\_

If you plan on bringing your children to our childcare or children's ministries, please list their names, ages & grades:

Name

Age

Grade