

DIVORCECARE REGISTRATION FORM Fall Session: January 10 – April 4, 2019

Name:					
Address:					
City:	y: Postal Code:		Gender: M F		
Telephone: Res	Bus	S	Cell		
Email:					
Fall Session	Winte	r Session			
Marital Status	: Legally Married Common-Law Separated Divorced	_ How Long?			
How did you hear at	oout DivorceCare?				
Do you attend Centr	e Street Church?	Yes N	lo		
If not, please list the	name of the chur	ch you attend:			
Do you have childre	n? Yes N	0			
If yes, please list na	mes and ages of y	our children:			
Child's Name:	Age: (Grade: B	irth Date:		
Child's Name:	Age: (Grade: B	irth Date:		
It is important that partireceive the maximum be			d each of the 13-week	k sessions in order to	
Group meets on Thurs	days, 7:00 – 9:00 p.m		t Church , <u>West Camp</u> Street N (Parking lot e	,	
Pr There is no cost to regis a DivorceCare Workboo Street NE). Please phor	ster for the DivorceCa ok (\$30) from our App	re Group. Prior to leseed Resource	Centre (Central Camp	•	
Return form to: Centr	e Street Church	Or scan 8	email: eunice.emils	on@cschurch.ca	

Attention: DivorceCare c/o Eunice Emilson 3900 2nd Street N.E. Calgary, AB, T2E 9C1