



DIVORCECARE REGISTRATION FORM

_____ **Fall Session** (September – November) **OR** _____ **Winter Session** (January – April)

Name (Please Print): _____

Address: _____

City: _____ **Postal Code:** _____ **Gender:** M ___ F ___

Phone Number: () _____ **Email:** _____

Marital Status: (please check the one that applies and give approximate years)

- | | |
|-----------------------|-----------------|
| _____ Legally Married | How Long? _____ |
| _____ Common-Law | How Long? _____ |
| _____ Separated | How Long? _____ |
| _____ Divorced | How Long? _____ |

How did you hear about DivorceCare? _____

Do you attend Centre Street Church? Yes _____ No _____

If not, please list the name of the church you attend: _____

Do you have children? Yes _____ No _____

If yes, please list names and ages of your children:

Child's Name: _____ Age: _____ Grade: _____ Birth Date: _____

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It is important that participants make the commitment to attend each of the 13-week sessions in order to receive the maximum benefit of the support program.

Group meets on Thursdays, 7:00–9:00 pm at Centre Street Church, West Campus, 4120 Centre Street N

Pre-registration is required prior to joining this group.

There is no cost to register for the DivorcCare Group. Prior to the first meeting you will need to purchase a DivorceCare Workbook from our Appleseed Resource Centre (Central Campus, 3900 – 2 Street NE). Please phone 403-520-1241 for their hours of operation.

**Return form to: Centre Street Church
Attention: DivorceCare
c/o Eunice Emilson
3900 2nd Street N.E.
Calgary, AB, T2E 9C1**

Or scan & email: eunice.emilson@cschurch.ca