



Welcome to:

**COMFORT CARE FOR
KIDS**

Support Groups available for kids (K5-6th Grade) who experience challenging Life Events such as (bereavement, divorce, separation, relocation, low self-esteem, etc.)

C C 4 K

We combine Biblical teachings, games, crafts, activities, and music to create an atmosphere where children feel comfortable and accepted.

For more information about our groups, please contact us at kids@faithchapel.net or call 205-785-9673 and ask to speak with a Faith Chapel Kids Staff Member.

*Our Vision: We grow people up through God's Word to Just Be Worship, Word, and Witness.
* Faith Chapel Kids - (205) 785-9673 or (205) 380-2990
<http://www.faithchapel.net/kids/>

Support Group

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Dear Parent/Guardian(s):

Christ-centered support for children of families experiencing challenging life events is here!

Thank you for allowing your child(ren) to join us. CC4K is a biblically based, Christ-centered program designed to assist K5-6th Graders to successfully process challenging life events such as bereavement, divorce and/or separation, relocation, foster care transitions, low self-esteem, etc.

Each group session is full of games, fun activities, arts and crafts, DVD dramas and music designed to help kids learn to share their hurts and disappointments as well as their anger and sadness about the challenges they face.

Our CC4K Support small groups will meet on Sunday mornings BEFORE church services from 9:00–10:00 a.m. at the Bridge upstairs in room 121. Your child's ON-TIME, CONSISTENT attendance is critical to his/her success in the group.

If you have questions or need additional information, please email us at kids@faithchapel.net or call (205)785-9673 and ask to speak to a Faith Chapel Kids Staff member.

Sincerely,

Ms. Annette Jefferson, Support Group Leader
Min. Michael Williams, Support Group Leader
Mrs. Davita King, Support Group Leader
Min. Karen L. Malone, Faith Chapel Kids Director

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Schedule

Date/Time	Topics
Sept. 17 th @ 9:00 a.m. Room 121 (upstairs)	Family Meet & Greet (8:45 – 9:00 a.m.) <i>Introduction/ "God Loves Children in All Kinds of Families"</i>
Sept. 24 th @ 9:00 a.m. Room 121 (upstairs)	<i>"Facing My Anger"</i> <i>"Journey from Anger to Sadness"</i>
Oct. 1 st @ 9:00 a.m. Room 121 (upstairs)	<i>"I am Not Alone"</i> <i>"God's Plan for Me"</i>
Oct. 8th NO CLASS TODAY	FAMILY & FRIENDS FAMILY WORSHIP SERVICE IN THE DOME
Oct. 15 th @ 9:00 a.m. Room 121 (upstairs)	<i>"It's Not My Fault"</i> <i>"Telling My Family How I Feel"</i>
Oct. 22 nd @ 9:00 a.m. Room 121 (upstairs)	<i>"Forgiveness"</i>
Oct. 29 nd @ 9:00 a.m. Room 121 (upstairs)	<i>"Loving My Parents"</i>
Nov. 5 th @ 9:00 a.m. Room 121 (upstairs)	<i>"Make-Up Classes (*ONLY SCHEUDLED AS NEEDED)</i>

*** This schedule is subject to change. Should it change, we will contact you via email. ***

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Today's Date: _____

Registration Form

Child's First/Last Name: _____ Sex: _____ Male _____ Female

Date of Birth: _____ Age: _____ Current School Grade: _____

Please list any allergies and/or special needs or circumstances that our team needs to be aware of (**wears glasses, seasonal or food allergies, emotional, etc.**): _____

MY CHILD HAS EXPERIENCED (check all that apply):

_____ **BEREAVEMENT** _____ **DIVORCE/SEPARATION** _____ **OTHER CHALLENGING LIFE EVENT(S)**

Please explain why you would like for your child to participate in our support small group (*please provide any details that would assist our small group leaders in ministering to your child most effectively*):

Parent's Information: (To be completed for the registering parent/guardian)

Mother /Guardian: _____

Home No. (_____) _____ Cell No. (_____) _____

Email address: _____

Father/ Guardian: _____

Home No. (_____) _____ Cell No. (_____) _____

Email address: _____

Emergency contact other than parent/guardian: _____

Relationship to child: _____ Contact #: _____

List the name of any person(s) NOT AUTHORIZED to pick up your child:

First/ Last Name	Relationship to Child

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CONSENT AND RELEASE FORM

I understand that CC4K is not a counseling service or therapy program, but a biblically based, Christ-centered program designed to help children who have experienced challenging life events to heal in a group setting. CC4K is designed to bring these children into the loving arms of a church family and to feel God's love surrounding them. I hereby waive the right to sue or hold Faith Chapel liable or responsible for results or outcome. Furthermore, although confidentiality is encouraged and recommended, we cannot guarantee that group members will maintain confidentiality. However, it is our priority to maintain confidentiality as group leaders and members.

I, _____ authorize _____ to attend and participate in the Comfort Care Small Group offered by Faith Chapel, its agents, volunteers, and employees. I agree, individually and on the behalf of minor(s), to release and to hold Faith Chapel harmless from any liability for any harm or injury to minor resulting directly or indirectly from his/her participation in CC4K activities. This waiver shall include all risk and liabilities connected with services provided by Faith Chapel Kids, whether foreseen or unforeseen by Faith Chapel, the minor, or me and whether or not resulting from negligence of Faith Chapel.

I have read and understand the above waiver of liability.

Parent/Guardian's Name (Printed)

Parent/Guardian's Signature

Today's Date

Please add any notes and/or details that would assist our volunteers in ministering to your child most effectively:

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