

# Kids' Turn

parent ID \_\_\_\_\_

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## CHILD'S WORKSHOP REGISTRATION FORM

**To be filled out by each child aged 10-17 attending the workshop  
and returned directly by the child to Kids' Turn.**

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Teen's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Initials \_\_\_\_\_

WORKSHOP DATE FOR WHICH YOUR PARENT IS REGISTERING \_\_\_\_\_

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***Please circle the response that most closely indicates the extent to which you agree or disagree.***

I understand my reactions to my parents' separation or divorce.

*Strongly Agree      Agree      Not really/Don't know      Disagree      Strongly Disagree*

I talk to my parents about my feelings, questions and concerns regarding their separation and/or divorce.

*Strongly Agree      Agree      Not really/Don't know      Disagree      Strongly Disagree*

I talk to other relatives or my friends about my feelings, questions and concern regarding my parents' separation and/or divorce.

*Strongly Agree      Agree      Not really/Don't know      Disagree      Strongly Disagree*

My parents fight:

*Never      A Little      A Lot*

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What are some feelings kids have when parents separate or divorce?

How are kids affected by a separation or divorce?

What can kids do if they miss one of their parents?

What can kids do if their parents are fighting with each other?

What would you like to get out of attending ***Kids' Turn?***

