



New Day: for children of divorce
In the night there are many tears, but joy comes in the new day.

Welcome to New Day!

The Center for Family Life Ministries – Second Presbyterian Church
7700 N. Meridian St. Indianapolis, IN 46260 – 317.252.5518 – 317.259.5718 (fax) – thecenter@secondchurch.org (email)

Dear New Day Participant,

Thank you so much for your interest in participating in the New Day Program. We are anxious to get to know you and your family as we begin a new journey together. As you probably know, New Day is a directional support group for children and families of divorce. Our goal is to help children (and adults) develop and gather the tools they will need to move through their current and on-going grief as it relates to their divorce experience in a healthy way. Because we recognize that each child and person will move through their grief at their own pace and in their own way, New Day is an open-ended group. Children and families can enter and re-enter New Day based upon their needs, developmental levels and stages of grief.

Program Nights for New Day take place the 2nd & 4th Tuesday evenings of each month at Second Presbyterian Church. You will come together at 6:00pm with other family participants and shortly thereafter breakout into age appropriate groups led by trained facilitators. Each evening will end at approximately 8:00pm.

In order to enroll in the New Day Program, there are three (3) steps to follow:

Step One: Fill out the enclosed **application** and **send it back** to: Jennifer Emerick
New Day Program
7700 North Meridian Street
Indianapolis, IN 46260

Step Two: After we receive your application, please contact the Center for Family Life Ministries at 317.252.5518 to schedule a **brief interview** with New Day staff.

Step Three: After you have completed the interview process and both you and the New Day staff agree that the program will meet the needs of your family, you will be asked to complete the **Participant Statement of Commitment** (please see the enclosed preview of the Participant Statement of Commitment).

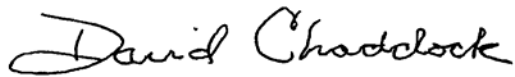
Although the New Day Program is free of charge, you must be enrolled in the program to participate in a Program Night. Once enrolled, you must attend at least 4 consecutive Program Nights before withdrawing from the program. If you are interested in withdrawing from the program, you must notify New Day staff as soon as possible to make the appropriate arrangements for families on our waiting list. If you do not attend more than 2 consecutive Program Nights and do not notify New Day staff, we will assume this is not a convenient time for your family to meet and therefore, is not meeting the needs of your family.

Because New Day is an open-ended group and families can enter and re-enter as needed, you will be able to re-enroll in the program based on space availability.

We are thankful to have the opportunity to provide this type of forum for you and your family. We are hopeful that your experience with us will be the resource you need to begin to heal.

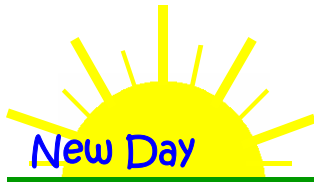
We look forward to getting to know you. If you have any questions, please do not hesitate to contact New Day staff by email (thecenter@secondchurch.org) or by phone at 252-5518. We look forward to hearing back from you. Again, thank you!

Respectfully Yours,

A handwritten signature in black ink that reads "David Chaddock". The signature is written in a cursive, flowing style.

Dr. David A. Chaddock
New Day Program

DAC/jbe



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Participant Assessment Form

Date: _____

Parent/Guardian #1 Contact Information:

First Name: _____ Last Name: _____ Date of Birth: _____
Month & Day (Year Optional)

Street Address: _____

City: _____ State: IN Zip: _____

Home Phone: _____ Work Phone: _____ Pager: _____

Cell Phone: _____ Email: _____

How did you hear about us? _____

1. Are you enrolling your child/ren in the New Day Program? Yes No

2. Are you enrolling yourself in the New Day Program? Yes No

3. Current Marital Status:

Please check all that apply:

- _____ currently married
_____ separated and going through a divorce
_____ divorced and single
_____ divorced and dating

4. Please list the dates that your most recent and any previous divorces were final: (Note: If your divorce is not yet final, please indicate when your divorce was filed.) Also, please indicate who filed for the divorce.

Date	Who Filed?
_____	_____
_____	_____
_____	_____

5. Briefly describe the circumstances of your most recent divorce and your current relationship with your ex-spouse. Please indicate if the divorce was amicable, hostile, neutral, etc...:

6. Briefly describe what type of custody arrangements you have with your ex-spouse.

I have the authority to do all things necessary with regard to enrolling my child/children (listed below) in the New Day program and understand that this is not a therapeutic or counseling program, but a directional support group. I, hereby, indemnify and hold harmless the Center for Family Life Ministries, the New Day program and Second Presbyterian Church from any and all issues that may arise by my enrolling myself or my child/children in the New Day program.

Signature of Parent/Guardian

Date

If you share custody with your ex-spouse and their approval is needed before your enroll your child/children in the New Day program, please have them sign this document as well.

Signature of Parent/Guardian #2 (if needed)

Date

7. Are you a child of divorce?

Yes

No

8. At the time of your most recent divorce, were there pets in the home?

Yes

No

9. If yes, please list the names of each pet and with whom each is living:

Pet Name

Type of Pet

With Whom is Pet Living

Pet Name	Type of Pet	With Whom is Pet Living
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Please list the members of your current household (in order of age):

Name	Age	Relationship to Family (i.e. mother, stepfather, child #1, etc)

11. Please define your personal support system. Who do you talk to when you need positive support?

Personal Support System	Spouse/ Significant Other	Mother	Father	Children	Adult Relative	Friend	Sibling	Other
<i>Please check</i>								

12. Have you or any member of your family ever been involved in the following services?

Systemic Support System	Support Groups	Religious or Spiritual Groups or Guidance	Treatment Programs	Mental Health Counseling	Anger Management Classes	Family Counseling	Other
<i>Please check</i>							

If yes, please explain when and where: _____

13. Do you consider any of the following as support resources?

Institutional Support System	Neighborhood	Church, Synagogue or Congregation	School	Other
<i>Please check</i>				

Parent/Guardian #2 Contact Information:

First Name: _____ Last Name: _____ Date of Birth: _____
Month & Day (Year Optional)

Street Address: _____

City: _____ State: IN Zip: _____

Home Phone: _____ Work Phone: _____ Pager: _____

Cell Phone: _____ Email: _____

1. Current Marital Status:

- Please check all that apply:
- _____ currently married
 - _____ separated and going through a divorce
 - _____ divorced and single
 - _____ divorced and dating
 - _____ unknown

2. If he/she has been divorced more than one time, please list the dates each divorce was final:

3. Is he/she a child of divorce? Yes No

4. Please list the members of your ex-spouse's current household (in order of age):

Name	Age	Relationship to Family (i.e. mother, stepfather, child #1, etc)

Spiritual Profile:

1. Do you consider faith to be a resource for your family? Yes No

2. Which of these elements have been helpful to you and/or your family?

Faith Element	Yes	No
Prayer		
Scripture Lessons (i.e. Bible Study)		
Pastoral Visits/Contacts		
Worship Services for Adults		
Worship Services for Children		
Devotional Books/Readings		
Faith Discussion Groups		

3. To help us understand how we may better serve you, please explain your faith journey throughout your divorce. (i.e. Were you or your family able to find comfort or support through the church? Was the church a resource that you considered as a source of support before, during and after your divorce? What about now? What is your family's faith like? Etc...)

4. Do you consider yourself to be a member of any particular church/synagogue denomination?

Yes No

5. If yes, which (i.e. Baptist, Methodist, Presbyterian, etc...) _____

6. Do you or your family have a congregation home? Yes No

7. If yes, what is the name of your congregation? _____

7. Are there any additional comments that you feel may be important in helping us understand your current faith journey?

Child:

First Name _____ Last Name _____ MI _____

Date of Birth _____ Age _____ Sex: F M Race: C AA H other _____

Current Grade: _____ School: _____

Physician Name: _____ Physician Number: _____

Hospital Preference: _____

Emergency Contact & Phone: _____ Relation to Child: _____

Emergency Contact & Phone: _____ Relation to Child: _____

1. What age was child at the time of the divorce? _____

2. Who does child talk to when they need positive, emotional support?

Child #1 Support System	Mother	Father	Adult Relative	Friend	Sibling	Teacher	Other
<i>Please check</i>							

3. Has child ever been involved on any of the following services?

Systemic Support System	Support Groups	Religious or Spiritual Groups or Guidance	Treatment Programs	Mental Health Counseling	Anger Management Classes	Family Counseling	Other
<i>Please check</i>							

4. Please list any physical disabilities your child may have.

5. Please list any medications your child may currently be taking and for what reason.

Medication	For What Reason

6. Please list any health concerns you have about your child as they relate to your child's participation in the New Day program.

7. Briefly describe your child's current school experience (i.e. relationship with teachers, grades and school work, concentration, relationship with peers, etc...).

8. Briefly describe how your child is currently functioning at home (i.e. relationship with sibling/s, relationship with parent/s, etc...).

9. Briefly describe your child's current peer relationships (in and outside of school).

10. As a parent, what do you believe are the greatest challenges for your child currently?

Please make additional copies of pages 6 –7 for each child.

Participant/Family Statement of Commitment

As a participant of the New Day Program, I/we, _____, agree to the following:



To attend at least four (4) Program Nights (approximately 2 months) from the date of our first meeting.



To arrive on time for each Program Night in order to fully benefit from the experience.



To stay on the premises of Second Presbyterian Church during the entire New Day Program night.



To take care of myself and understand that I will also be embarking on a journey of self-discovery and growth.



To ask questions and be honest with the staff of New Day.



To notify New Day staff of any intent to discontinue my/our participation in the New Day program so they can begin the closing process and notify a new family of space availability.

Signature of Participant

Date

Signature of Participant

Date

Signature of Participant

Date

Signature of Participant

Date

Received By

Date

Preview Only Do Not Sign