



FAMILY ENRICHMENT CENTER
 Parent/Youth Education Program
 441 Church Avenue Bowling Green, KY 42101
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<http://www.familyenrichmentcenter.com>

PARENT/YOUTH EDUCATION CLASS ENROLLMENT FORM

****PLEASE COMPLETE BOTH PAGES!****

Date of Referral: _____

Case #: _____

If you are a referral source and completing this form, please answer the question below:

Name, Email Address, Phone Number, and Agency of Referral Source completing this form:

If you are a parent and completing this form, please indicate who referred you to Parent Education Classes:

Family Court (Please include name of judge and be sure your case number is at the top) _____

Protection and Permanency (DCBS) (Please include your case worker's name and the agency they work for) _____

Other (Please include your case worker's name and the agency they work for): _____

Please mark the box next to the class in which the PARENT(s) are to be enrolled (Please call for availability of classes):

Parents of Infants, Toddlers, and Pre-Schoolers (Pre-natal to age 4) (Monday's 5:30-7:30 p.m.)

Parents of School-Age Children (Ages 5-12) (Tuesday's 5:30-7:30 p.m.)

Parents of Adolescents (Ages 13 to 18) (Wednesday's 5:30-7:30 p.m.)

Parents of All-Age Children (Daytime Class – Mondays and Thursdays 9:00-11:00 a.m.)

Are there youth in this case eligible for the Youth Education Classes? YES or NO

PARENT INFORMATION

Mother's Name: _____ Phone #: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Relationship Status: _____ Race: _____ Date of Birth: _____

Will participant have difficulty completing reading/writing assignments? Circle YES or NO

Father's Name: _____ Phone #: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Relationship Status: _____ Race: _____ Date of Birth: _____

Will participant have difficulty completing reading/writing assignments? Circle YES or NO

YOUTH INFORMATION

Name: _____ Age: _____ Sex: _____ Race: _____

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: _____

Youth CURRENTLY resides: Home Foster Home With Relatives Other: _____

Name: _____ Age: _____ Sex: _____ Race: _____

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: _____

Youth CURRENTLY resides: Home Foster Home With Relatives Other: _____

PLEASE COMPLETE PAGE 2!!

YOUTH INFORMATION CONTINUED...

Name: _____ Age: _____ Sex: _____ Race: _____

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: _____

Youth CURRENTLY resides: [] Home [] Foster Home [] With Relatives [] Other: _____

Name: _____ Age: _____ Sex: _____ Race: _____

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: _____

Youth CURRENTLY resides: [] Home [] Foster Home [] With Relatives [] Other: _____

GENERAL FAMILY INFORMATION

Is there now – or has there EVER been – a report, investigation, or substantiation of child abuse and/or neglect within the family?

YES or NO ***If YES, what form(s)? [] Physical [] Emotional [] Sexual [] Neglect/Dependency

What was the relationship of the abuser to the victim? _____

Please briefly describe the situation referenced above: _____

Please identify ALL risk factors present for **JUVENILE DELINQUENCY**: [] Poor Family Relationships [] Educational/Behavioral Concerns at School [] Truancy [] Lack of Support Systems outside of Family [] Suspicion of Alcohol and/or other Chemical Abuse/Dependencies [] Child Abuse/Neglect [] Domestic Violence [] Teenage Pregnancy [] Mental Health Concerns [] Gang Activity [] Single Parent Home [] Other: _____

In detail, please explain why this family has been referred to the program and what the case plan is : _____

Are there any current Emergency Protective Orders, Domestic Violence Orders, warrants for arrest, or other pertinent court filings?

YES or NO. If so, please explain: _____

Does the family have a history of drug abuse? YES or NO. If YES, please explain: _____

AUTHORIZED SIGNATURE OF PERSON(S) ATTENDING CLASSES (All who will attend must sign)

I hereby certify that the above information is accurate, and I release permission for Family Enrichment Center to communicate with my referral source(s) regarding my case. I understand that information will remain confidential between my referral source and Family Enrichment Center staff.

Signature of Class Participant(s)

Date

Signature of Case Worker

Date

This project is funded, in part, under a contract with the Cabinet for Health and Family Services through Prevent Child Abuse Kentucky using state funds allocated by the Kentucky General Assembly.

This project was supported by a grant award through the Kentucky Department of Juvenile Justice.