



**FAMILY ENRICHMENT CENTER**  
**Parents Education Clinic/Divorce Education Class**  
1133 Adams Street, Bowling Green, KY 42101  
Phone: (270) 781-6714 Fax: (270) 842-5831  
Email: [parenteducation@familyenrichmentcenter.com](mailto:parenteducation@familyenrichmentcenter.com)

**PARENTS EDUCATION CLINIC ENROLLMENT FORM:**

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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1. Is there a DVO (Domestic Violence Order) involved in the divorce? \_\_\_\_ Yes \_\_\_\_ No
  2. What class date do you plan to attend? \_\_\_\_\_

**AUTHORIZED SIGNATURE OF PERSON ATTENDING CLASSES**

I hereby certify that the above information is accurate. I understand that information will remain confidential between my referral source and Family Enrichment Center staff.

\_\_\_\_\_  
Signature of Class Participant

\_\_\_\_\_  
Date

*For Office Use Only*

Person Paying Deposit: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

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