



Family Enrichment Center  
1133 Adams Street, Bowling Green, KY 42101  
Phone: 270-781-6714; Fax: 270-842-5831  
Email: [parenteducation@familyenrichmentcenter.com](mailto:parenteducation@familyenrichmentcenter.com)

**DIVORCE EDUCATION CLASS ENROLLMENT FORM:**

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

- 
1. Is there a **DVO** (Domestic Violence Order) involved in the divorce? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**
  2. Name of the other party: \_\_\_\_\_
  3. What class date do you plan to attend? This **one-time only** class is held on the held on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month (except November and December): \_\_\_\_\_
  4. How would you like to pay the \$25 class fee? Payment must be received **before** your desired class date to be considered enrolled in the class:

\_\_\_\_\_ I prefer to pay with cash or a check. (Deliver to our office between 8:30 a.m. – 4:30 p.m., M-F).

\_\_\_\_\_ I prefer to pay by credit card. (You will receive an email invoice with a link to pay online).

**AUTHORIZED SIGNATURE OF PERSON ATTENDING CLASSES**

I understand the Zoom link for this class will not be shared until 3:00 p.m. on the day-of assigned class. This prevents link sharing and the message from becoming buried in my email inbox. I understand that I will need to check my junk/spam folder if I do not see the email link.

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

\_\_\_\_\_  
Date

*For office use only: Invoice No.* \_\_\_\_\_ *Fee Paid:* \_\_\_\_\_