



FAMILY ENRICHMENT CENTER

Parent Education Program

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2023-2024 PARENT EDUCATION CLASS ENROLLMENT FORM

Date: _____

Case #: _____

Referral Source: Agency, Name, E-mail: _____

ONE FORM FOR EACH PARENT ATTENDING CLASS:

Mark the box next to the class in which the PARENT is to be enrolled.

ALL CLASSES WILL BE HELD ON-LINE VIA ZOOM AT THIS TIME!!!

Please Circle Month [] Monday Night Class (Jul 17, Oct 9, Jan 15, Apr 8) Meets once-a-week for 12 weeks.

Please Circle Month [] Tuesday Night Class (Aug 8, Nov 14, Feb 20) Meets once-a-week for 12 weeks.

Please Circle Month [] Day-Time Class (Jul 24, Sept 25, Jan 8, Mar 4, May 6) Meets twice-a-week for 6 weeks.

Parent Name: _____ Phone #: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

County: _____ Email Address: _____

Last Four Digits of Social Sec. Number: _____ Sex: ____ Race: ____ Date of Birth: _____

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

CHILD/CHILDREN'S INFORMATION:

Child/Children Names: _____ Ages: _____

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

Please briefly describe the situation: _____

Are there any current Emergency Protective Orders (EPO), Domestic Violence Orders (DVO), warrants for arrest, or other pertinent court filings? **YES** or **NO** Name parties involved: _____

AUTHORIZED SIGNATURE OF PERSON 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 Date

Signature of Case Worker Date