

## Parenting Way Inc. Programs REGISTRATION FORM

Today's Date:		Beginning Class Date:	
<b>FAMILY INFORMATION</b>			
Participants Last Name:		First Name:	Marital status:
Is this your legal name? <input checked="" type="radio"/> Yes <input type="radio"/> No	EMAIL ADDRESS:	Cell phone no.:	Birth date:      Age:      Sex: <input type="radio"/> M <input type="radio"/> F
Address:			
Children In the Home: <span style="background-color: #92d050;">Include Birthdate</span>	Last:	First:	
	Last:	First:	
	Last:	First:	
Children Out of Home: <span style="background-color: #92d050;">Include Birthdate</span>	Last:	First:	
	Last:	First:	
	Last:	First:	
Another Parent:	Last:	First:	
	Last:	First:	
Relatives:	Last:	First:	
	Last:	First:	
Foster Care:	Last:	First:	
	Last:	First:	
	Last:	First:	
Months separated:			
Add Supervision Rights:	Children:		
	Last:	First:	
	Last:	First:	
Chose Program (Please choose one/or more option): <input checked="" type="radio"/> Parent Education Course			
<b>DHS INFORMATION</b>			
Name of Social Worker:	<u>YOUNGEST</u> Childs Name (last, first) and Age:	FACS ID:	CHECK HERE IF NOT DHS <input type="radio"/>
Phone Number:			
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Parenting Way Inc. Programs or insurance company to release any information required to process my claims.</p>			
_____ Parent/Guardian/Caregiver signature		_____ Date	

<b>CLASS LOCATION:</b>	<b>START DATE:</b>	<b>CLASS DAYS &amp; TIMES:</b>
Urbandale:		Tuesdays: 6-8 PM
West Des Moines:	ON HOLD	Thursdays: 12:30-2:30 PM
DMPS School Programs:		DAY & TIME:
Darkness 2 Light:		As Arranged