

PARENT REGISTRATION FORM

(to be completed by staff person before parent attends class sessions)

Date _____ Location _____

Name _____ Home Phone: _____

Address: _____ Work Phone: _____

INITIALS _____ **AGE** _____ **BIRTH DATE** _____ **SEX** _____

Ethnic Background: **How long in country** (if 1st or 2nd generation?) **Years**

Major Ethnic Roots: _____

Other Ethnic Roots: _____

Is your first language English? ___ Yes ___ No **If not, what?** _____

Have you ever taken a parent education class before? ___ Yes ___ No

Number in Household:

_____ children (0-2 years) _____ children (3-18 years) _____ adults (19 years and older)

What is your current parenting status or relationship to the child?

(tick all that apply)

- | | |
|------------------------------------|------------------------------|
| _____ Two parent family | _____ Foster Parent |
| _____ Single parent | _____ Step Parent |
| _____ Grandparent | _____ Relative/Family Friend |
| _____ Non-Custodial Parent | _____ Educator/Advocate |
| _____ Other (Please Specify) _____ | |

What is your household income level (per year):

___ Under £5,000 ___ £5,000 - £10,000 ___ £10,000 - £20,000 ___ £20,000 - £45,000 ___ Over £45,000

Highest grade completed:

___ Primary school ___ Secondary school (16) ___ Secondary school (18) ___ college degree

Why are you taking this class?

(tick all that apply)

- _____ Become a better parent
- _____ Having problems with children
- _____ Court Ordered
- _____ Learn about drugs/violence

How did you hear about the class?

(tick all that apply)

- _____ Flyers/Announcements
- _____ Friend/Relative
- _____ Agency Referral/Court Ordered
- _____ Newspaper /Radio

Forms Completed: *(date)* Registration _____ Pre Ques. _____ Post Ques. _____

Status: *(circle one)* (1) Graduated (2) Incomplete (c) Dropped : _____

Attendance: 0 1 2 3 4 5 6 7 8 9 10 11 12

tick each session