

Palo Alto Parent Project

Registration & Participant Information

▶ **PLEASE COMPLETE BOTH PAGES, PRINTING CLEARLY. THANK YOU.**

Today's Date: _____

Referred By: Self Law Enforcement
 School Friend
 Court Relative
 Counselor: _____
 Other: _____

Class Date: _____

PLEASE LIST ALL PERSONS LIVING IN THE HOME INCLUDING YOURSELF

| NAME (FIRST, LAST) | RELATIONSHIP | BIRTH-DATE | AGE | M / F | ETHNICITY | SCHOOL / OCCUPATION | CURRENT GRADE LEVEL (OR AMOUNT OF EDUCATION) | DURING THE CLASS, WILL YOU NEED CHILD CARE FOR THIS YOUTH? |
|-----------------------|--------------|------------|-----|-------|-----------|---------------------|---|--|
| 1. | | | | | | | | Yes / No |
| 2. | | | | | | | | Yes / No |
| 3. | | | | | | | | Yes / No |
| 4. | | | | | | | | Yes / No |
| 5. | | | | | | | | Yes / No |
| 6. | | | | | | | | Yes / No |
| 7. | | | | | | | | Yes / No |
| 8. | | | | | | | | Yes / No |

Address: _____

Home Phone: _____ Not okay to leave messages

Work Phone: _____ Not okay to contact Not okay to leave messages

Cell Phone: _____ Not okay to contact Not okay to leave messages

Other Phone: _____ Not okay to contact Not okay to leave messages

Primary Language(s) Spoken in Home: _____

PLEASE LIST OTHER SIGNIFICANT FAMILY MEMBERS NOT LIVING IN THE HOME

(I.E. BIOLOGICAL PARENT, ADULT SIBLING)

| NAME | RELATIONSHIP | AGE | WHERE RESIDING |
|------|--------------|-----|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

CONTINUED:

What is your interest in participating in the Parent Project®?

What else have you tried in attempting to deal with your out of control or strong willed child(ren)?

If only *one* thing could change permanently, as a result of your participation in this program, what would it be?

Total number of youth needing child care during the class:

_____ Children between the ages of 0-6 _____ Children between the ages of 10-12
_____ Children between the ages of 6-10 _____ Children 12 and over; Ages: _____

If applicable:

Referral Agency (Name): _____ Phone# _____

Case Worker (Name): _____ Phone# _____

Probation/Parole Officer (Name): _____ Phone# _____



If any of the following issues would prevent you from attending the Parent Project, please check the appropriate box. We are committed to working with you to make this program possible. At the orientation meeting, we will privately discuss options and resources that may be available to you. Given the possibility these issues may be resolved, please be sure to send this registration form in by the deadline to reserve your spot in the class.

- Cost
- Transportation
- Childcare
- Work Schedule
- Other: _____