

POSITIVE & PRACTICAL PARENTING SERIES REGISTRATION FORM

A Collaborative Effort of Virginia Cooperative Extension & Petersburg Department of Social Services

(Baby-sitting is **NOT** provided by the Petersburg Extension Office or Petersburg Dept. of Social Services)

2/2/2006

First - Eight Weeks Parenting Series Dates are: **January 21, 28, February 4, 11, 18, 25, March 4, 11, 2010**

Class will be held 10:00 AM to 12:30 PM

Full Name: First: _____ Last: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (____) _____ - _____ ext _____ A number where message can be left (____) _____ - _____ ext _____

Sex: Female ___ Male ___ Race: White ___ Black ___ Asian ___ Indian ___ Hispanic ___ Multi-Race ___

Education level or last grade completed successfully: _____

Relationship to child/children: Parent _____ Foster Parent _____ Other _____

If you were referred to our program by an agency please provide the following information: (Referral agency may provide ALL information for applicant.)

Referral Agency: _____

Agency Address: _____ Phone # (____) _____ - _____ ext _____

Person making referral: _____ Title: _____

Child's Full Name (Please Print)	Age	Is child living with parent? (Circle one)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

If you are the Referring Agency, and require a "Consent to Exchange Information" form, please add Virginia Cooperative Extension to the list of agencies. Attach a copy of the signed and completed form to the Registration Form.

Return this form to: Attention: Gina Moore Kindred, Ed.D.
 Virginia Cooperative Extension
 Petersburg Office
 400 Farmer Street – Suite 218
 Petersburg, VA 23803
 Fax: 804/733-1950

Date Office Received: _____

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Second - Eight Weeks Parenting Series Dates are: **March 25, April 1, 8, 15, 22, 29, May 6, 13, 2010**
 Class will be held 10:00 AM to 12:30 PM

Full Name: First: _____ Last: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (____) _____ - _____ ext _____ A number where message can be left (____) _____ - _____ ext _____

Sex: Female ___ Male ___ Race: White ___ Black ___ Asian ___ Indian ___ Hispanic ___ Multi-Race ___

Education level or last grade completed successfully: _____

Relationship to child/children: Parent _____ Foster Parent _____ Other _____

If you were referred to our program by an agency please provide the following information: (Referral agency may provide ALL information for applicant.)

Referral Agency: _____

Agency Address: _____ Phone # (____) _____ - _____ ext _____

Person making referral: _____ Title: _____

Child's Full Name (Please Print)	Age	Is child living with parent? (Circle one)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

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Third - Eight Weeks Parenting Series Dates are: **August 5, 12, 19, 26, September 2, 9, 16, 23, 2010**
 Class will be held 10:00 AM to 12:30 PM

Full Name: First: _____ Last: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (_____) _____ - _____ ext _____ A number where message can be left (_____) _____ - _____ ext _____

Sex: Female ___ Male ___ Race: White ___ Black ___ Asian ___ Indian ___ Hispanic ___ Multi-Race ___

Education level or last grade completed successfully: _____

Relationship to child/children: Parent _____ Foster Parent _____ Other _____

If you were referred to our program by an agency please provide the following information: (Referral agency may provide ALL information for applicant.)

Referral Agency: _____

Agency Address: _____ Phone # (_____) _____ - _____ ext _____

Person making referral: _____ Title: _____

Child's Full Name (Please Print)	Age	Is child living with parent? (Circle one)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

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2/2/2006

Fourth - Eight Weeks Parenting Series Dates are: **September 30, October 7, 14, 21, 28, November 4, *10, 18, 2010, *Note:** Nov. 10 is a Wednesday; the building is closed for November 11 holiday.
 Class will be held 10:00 AM to 12:30 PM

Full Name: First: _____ Last: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (_____) _____ - _____ ext _____ A number where message can be left (_____) _____ - _____ ext _____

Sex: Female ___ Male ___ Race: White ___ Black ___ Asian ___ Indian ___ Hispanic ___ Multi-Race ___

Education level or last grade completed successfully: _____

Relationship to child/children: Parent _____ Foster Parent _____ Other _____

If you were referred to our program by an agency please provide the following information: (Referral agency may provide ALL information for applicant.)

Referral Agency: _____

Agency Address: _____ Phone # (_____) _____ - _____ ext _____

Person making referral: _____ Title: _____

Child's Full Name (Please Print)	Age	Is child living with parent? (Circle one)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

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