



Family Enrichment Center
1133 Adams Street, Bowling Green, KY 42101
Phone: 270-781-6714; Fax: 270-842-5831
Email: Parenteducation@fecbg.com

PARENT EDUCATION CLINIC/DIVORCE CLASS ENROLLMENT FORM:

Parent Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

County: _____ Email Address: _____

Race: _____ Sex: _____ DOB: _____ Age: _____

1. Is there a **DVO or EPO** involved in the divorce? ____ Yes ____ No
2. Name of the other party: _____
3. What class date do you plan to attend? This **one-time only** class is held on the held on the 2nd and 4th Wednesday of each month (except November and December): _____
4. The class fee is \$25. Payment must be received **before** your desired class date to be considered enrolled in the class. You may pay with cash or a check and deliver to our office between 8:30 a.m. – 4:30 p.m., M-F).

AUTHORIZED SIGNATURE OF PERSON ATTENDING CLASSES

I understand the link for this class will be emailed to me once the enrollment fee has been **paid**. This prevents link sharing and the message from becoming buried in my email inbox. I understand that I will need to check my junk/spam folder if I do not see the email link.

I hereby certify that the above information is accurate. I understand that information will remain confidential between my referral source and Family Enrichment Center staff.

Signature

Date