



## Family Enrichment Center - Parent Education Program

1133 Adams Street, Bowling Green, KY 42101

Phone: (270) 781-6714 Fax: (270) 842-5831

Email: [parenteducation@familyenrichmentcenter.com](mailto:parenteducation@familyenrichmentcenter.com)

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### 2024-2025 PARENT EDUCATION CLASS ENROLLMENT FORM

Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_ Case #: \_\_\_\_\_

Caseworker/manager (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

**ONE ENROLLMENT FORM PER PARENT – ALL CLASSES ARE HELD VIA ZOOM**

*Parent prefers (circle one): Evening Classes or Daytime Classes*

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email Address (required): \_\_\_\_\_

Last four digits of Social Sec. number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Will participant have difficulty completing reading/writing assignments? Circle YES or NO

#### CHILD/CHILDREN'S INFORMATION:

Child/Children Name(s) and Age(s): \_\_\_\_\_

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Is there now – or has there EVER been – a report, investigation or substantiation of child abuse and/or neglect within the family? **YES or NO** If yes, what was the relationship of the abuser to the victim? \_\_\_\_\_

Please briefly describe the situation: \_\_\_\_\_

Are there any current Emergency Protective Orders (EPO), Domestic Violence Orders (DVO), warrants for arrest, or other pertinent court filings? **YES or NO** If yes, name parties involved: \_\_\_\_\_

#### AUTHORIZED SIGNATURE OF PERSON ATTENDING CLASSES (All who will attend must sign)

I hereby certify that the above information is accurate, and I release permission for Family Enrichment Center to communicate with my referral source(s) regarding my case. I understand that information will remain confidential between my referral source and Family Enrichment Center staff.

\_\_\_\_\_  
Signature of Class Participant Date

\_\_\_\_\_  
Signature of Case Worker Date