****

Family Enrichment Center

1133 Adams Street, Bowling Green, KY 42101

Phone: 270-781-6714; Fax: 270-842-5831

Email: [kortney@fecbg.com](mailto:kortney@fecbg.com)

**PARENT EDUCATION CLINIC 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. **How would you like to pay the $25 class fee?** Payment must be received **before** your desired class date to be considered enrolled in the class:

\_\_\_\_\_ I prefer to pay with cash or a check. (Deliver to our office between 8:30 a.m. – 4:30 p.m., M-F).

\_\_\_\_\_ I prefer to pay by credit card. (You will receive an email invoice with a link to pay online).

**AUTHORIZED SIGNATURE OF PERSON ATTENDING CLASSES**

I understand the Zoom link for this class will not be shared until 3:00 p.m. on the day-of assigned class. 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

**TOTAL AMOUNT OF TRANSACTION = $27.50 AMOUNT** *($25.00 + 2.50 TRANSACTION FEE)*

(**PAYMENT TYPE**) VISA MASTER CARD DISCOVER

**NAME ON CARD**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD** # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CVV #**

**EXPIRATION DATE**  **BILLING ZIP CODE PAID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_