

## PARENT EDUCATION REGISTRATION FORM

**INSTRUCTIONS: For class schedules and registration form visit: [www.pwcgov.org/parenting](http://www.pwcgov.org/parenting)**

- To view class schedules visit: [www.pwcgov.org/parenting](http://www.pwcgov.org/parenting) or contact 703-792-6288 or [jstiles@pwcgov.org](mailto:jstiles@pwcgov.org)
- Please select the appropriate class(es): STEP, JJPP and/or WFGA
- Include the Date of Session, the Class Location and check the appropriate box
- \$40.00 payment per individual or per couple living in the same household (couple shares class materials)
- Make \$40.00 check or money order payable to: **VCE Prince William**
- Print and mail completed registration form and **\$40.00 non-refundable** check or money order payment to:  
**VCE Prince William, 8033 Ashton Avenue, Suite 105, Manassas, VA 20109, ATTN: Julie S.**
- The registration form will not be accepted without the \$40.00 payment (does not apply to a referring agency).

**1. STEP, Systematic Training for Effective Parenting: Seven sessions - \$40.00**
 Young Child (0-5 yrs.)     School Age (6-12 yrs.)     Teen     Spanish

Date of Session: \_\_\_\_\_ Class Location: \_\_\_\_\_

**2. JJPP, Juvenile Justice Parenting Program – for parents’ of at-risk teenagers: Eight sessions - \$40.00**
 English     Spanish

Date of Session: \_\_\_\_\_ Class Location: \_\_\_\_\_

**Please provide the following required information for an adolescent 17 years or younger:**

Adolescent’s Last Name: \_\_\_\_\_ Adolescent’s First Name: \_\_\_\_\_

Adolescent’s gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_

**3. WFGA, When Families Get Angry: Three sessions - \$40.00**     English     Spanish

Date of Session: \_\_\_\_\_ Class Location: \_\_\_\_\_

 Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_  
 NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

 Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_  
 NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE SELECT ONE:**  
 American Indian or Alaskan Native     Asian  
 Black or African American     Hispanic or Latin  
 Native Hawaiian or Pacific Islander     White or Caucasian

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 American Indian or Alaskan Native     Asian  
 Black or African American     Hispanic or Latin  
 Native Hawaiian or Pacific Islander     White or Caucasian

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE – HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**RESIDENT OF:**  Prince William County     City of Manassas     Manassas Park     Out of County

<b>Ages of the children in the home?</b> _____	<input type="checkbox"/> Two parent household <input type="checkbox"/> Single parent household <input type="checkbox"/> Shared living <input type="checkbox"/> Other: _____	<input type="checkbox"/> under \$20,000 year <input type="checkbox"/> \$81,000-\$100,000 <input type="checkbox"/> \$20,000 - \$40,000 <input type="checkbox"/> over \$100,000 <input type="checkbox"/> \$41,000 - \$60,000 <input type="checkbox"/> \$61,000 - \$80,000
<b>How did you hear about us?</b> _____		

