

Virginia Cooperative Extension

A partnership of Virginia Tech and Virginia State University



Prince William County Office
 8033 Ashton Avenue, Suite 105
 Manassas, Virginia 20109
 703/792/6288 Fax: 703/792/4630

PARENT EDUCATION REGISTRATION FORM

UNLESS SENT FROM A REFERRING AGENCY, THE REGISTRATION FORM WILL NOT BE ACCEPTED WITHOUT \$40.00 PAYMENT (NON-REFUNDABLE and RETURNED CHECK FEE is \$35.00) payable to "VCE Prince William" & mailed to the Manassas address above.

PLEASE SELECT THE APPROPRIATE CLASS AND INCLUDE THE DATE OF SESSION AND LOCATION:			
1. STEP (Systematic Training for Effective Parenting):			
<input type="checkbox"/> Young Child (0-5 yrs.)		<input type="checkbox"/> School Age (6-12 yrs.)	
<input type="checkbox"/> Teen (13-18 yrs.)		<input type="checkbox"/> Spanish	
Date of Session: _____		Location: _____	
2. JJPP (Juvenile Justice Parenting Program – for parents' of at-risk teenagers):			
<input type="checkbox"/> English		<input type="checkbox"/> Spanish	
Date of Session: _____		Location: _____	
3. WFGA (When Families Get Angry)			
<input type="checkbox"/> English		<input type="checkbox"/> Spanish	
Date of Session: _____		Location: _____	
Mr ___ Mrs ___ Ms ___ NAME _____		SPOUSE (if attending) _____	
DATE OF BIRTH: / /		DATE OF BIRTH: / /	
PLEASE SELECT ONE: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Hispanic or Latin ___ Native Hawaiian or other Pacific Islander ___ White (Caucasian)		PLEASE SELECT ONE: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Hispanic or Latin ___ Native Hawaiian or other Pacific Islander ___ White (Caucasian)	
ADDRESS: _____		CITY: _____	ST: _____
PHONE – HOME: _____	WORK: _____	CELL: _____	
EMAIL ADDRESS: _____			
RESIDENT OF: ___ Prince William County ___ City of Manassas ___ Manassas Park ___ Out of County			
ANSWER FOR THE HOUSEHOLD			
What are the ages of the children in the home? _____		___ Two parent household	___ under \$20,000 yr
_____		___ Single parent household	___ \$20,000 - \$40,000
_____		___ Shared living	___ \$41,000 - \$60,000
How did you hear about us? _____		___ Other: _____	___ \$61,000 - \$80,000
_____			___ \$81,000 - \$100,000
_____			___ over \$100,000

www.ext.vt.edu

Extension is a joint program of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and state and local governments. Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.

For PRINCE WILLIAM COUNTY RESIDENTS, your child's information is required:

CHILD'S INFORMATION: Please provide the following information for one child in the family.	
CHILD'S LAST NAME:	CHILD'S FIRST NAME:
CHILD'S GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	CHILD'S DATE OF BIRTH:
CHILD'S SSN:	CHILD'S RACE:
Relationship of Attendees (listed on 1st page) to identified child:	

TO BE COMPLETED BY REFERRING AGENCY:

Is this class mandated? Please circle:	MANDATED (prevent FC)	NON MANDATED
Does this family have a co-pay for CSA funds?	YES	NO
All families will be assessed a \$40.00 fee.		
Please indicate if you have reason to believe that the \$40.00 fee will present a hardship to this family.		
	YES	NO
Reason for hardship: _____		
If applicable means testing and a sliding scale will be used to determine what the family is able to pay.		
REASON FOR REFERRAL:		
NAME OF REFERRING PERSON:		
AGENCY:		
E-MAIL:	INTEROFFICE ZIP:	
PHONE NUMBER:	FAX NUMBER:	
Please attach a signed release form so that we can provide you information regarding your client's participation.	The Referring Agency may FAX (703-792-4630) or Email the completed form and release to: Julie Stiles	

If you are referring a person with a disability and desire any assistive devices or other accommodations for that person to participate in this activity, please contact Julie Stiles, VCE, 7 days prior to the event to discuss accommodations. Please call 703-792-6288 (TDD number is 800-828-1120) during business hours of 9a.m. and 3p.m..