

PARENT EDUCATION REGISTRATION FORM

INSTRUCTIONS: For class schedules and registration form visit: www.pwcgov.org/parenting

- To view class schedules visit: www.pwcgov.org/parenting or contact 703-792-6288 or parenteducation@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: Parent Ed
- 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

PLEASE SELECT ONE:
 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

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

Last Name: _____

TO BE COMPLETED BY REFERRING AGENCY:

Is this class mandated? Please circle: MANDATED (prevent FC) NON MANDATED	
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	
Reasons for hardship: _____	
If applicable the class fee will be partially or fully waived.	
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 parenteducation@pwcgov.org the completed form and release.

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 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 9 a.m. and 3 p.m.