

“PATHWAYS TO EFFECTIVE PARENTING” Registration Form Sponsored by Virginia Cooperative Extension- City of Petersburg

(WE REGRET THAT CHILDCARE SERVICE IS NOT AVAILABLE) REGISTER EARLY! Maximum (25)

Session #3 August 3, 10, 17, 24, 31, September 7, 14, 21, 2017

Classes will be held Thursday’s 10:00 AM to 12:30 PM

Full Name: First: _____ Last: _____ Age: _____

Address: _____ Email _____

City: _____ State: _____ Zip Code: _____

Phone # (_____) _____ - _____ ext _____ A number where message can be left (_____) _____ - _____ ext _____

Sex: Female _____ Male _____ Race: White _____ Black _____ Asian _____ Indian _____ Hispanic _____ Multi-Race _____

Education level or last grade completed successfully: _____

Relationship to child/children: Parent _____ Foster Parent _____ Other _____

If you were referred to our program by an agency please provide the following information:
(Referral agency may provide ALL information for applicant)

Referral Agency: _____

Agency Address: _____ Phone # (_____) _____ - _____ ext _____

Person making referral: _____ Title: _____

Child’s Full Name (Please Print)	Age	Is child living with parent? (Circle one)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

If you are the Referring Agency, and require a “Consent to Exchange Information” form, please add Virginia Cooperative Extension-City of Petersburg and this completed form to the Registration Form.

Return this form to:

Alma deLeón-almady@vt.edu
Virginia Cooperative Extension-City of Petersburg
400 Farmer St., Suite 218, Petersburg, VA 23803-6367
804-733-1880-Office— 804-733-1950-Fax

Date office received _____

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact (Katrina Kirby-City of Petersburg Office at (804-733-1880/TDD*) during business hours of 8:00 a.m.—4:30 p.m. to discuss accommodations 5 days prior to the event. *TDD number is 804-828-1120.

