



Family Enrichment Center
Nurturing Parent Education Enrollment Form

1133 Adams Street, Bowling Green, KY 42101
Phone: (270) 781-6714 Fax: (270) 842-5831

Date: _____ Referral Source (check one): ☐ DCBS ☐ AR ☐ CR ☐ Court ☐ Self ☐ Other _____

Caseworker/Manager (if applicable): _____ Email: _____

ONE FORM PER PARENT – ALL CLASSES ARE HELD VIA ZOOM

Parent prefers: ☐ Monday Evening Classes ☐ Tuesday Evening Classes ☐ Monday/Thursday Daytime Classes

Name: _____ Last 4 digits SS#: _____

Address: _____ Phone: _____

City/State/Zip: _____ County: _____

Email Address (*required*): _____

Marital Status: ☐ S ☐ M ☐ D ☐ W Gender: _____ Race: _____ DOB: _____ Age: _____

Attending with: ☐ Spouse ☐ Partner ☐ Co-Parent Name: _____

Will participant have difficulty completing reading/writing assignments? Yes ☐ No ☐

Name(s) of Child/Children:

Name: _____ Age: _____ Custody of Child? Yes ☐ No ☐

Name: _____ Age: _____ Custody of Child? Yes ☐ No ☐

Name: _____ Age: _____ Custody of Child? Yes ☐ No ☐

Name: _____ Age: _____ Custody of Child? Yes ☐ No ☐

Is there **NOW** - or has there **EVER** been - a report, investigation or substantiation of child abuse and/or neglect within the family? Yes ☐ or No ☐. If YES, what was the relationship of the abuser to the victim? _____

Please briefly describe the situation: _____

Are there any current **Emergency Protective Orders (EPO)**, **Domestic Violence Orders (DVO)**, warrants for arrest, or other pertinent court filings? Yes ☐ or No ☐. If YES, name parties involved: _____

AUTHORIZED SIGNATURE OF PERSON ATTENDING CLASSES (All who will attend *must* sign)

I hereby certify that the above information is accurate, and I release permission for Family Enrichment Center to communicate with my referral source(s) regarding my case. I understand that information will remain confidential between my referral source and Family Enrichment Center staff.

Signature of Class Participant

Date

Signature of Caseworker

Date