



Family Enrichment Center
1133 Adams Street, Bowling Green, KY 42101
Phone: 270-781-6714; Fax: 270-842-5831
Email: parenteducation@familyenrichmentcenter.com

PARENT EDUCATION CLINIC ENROLLMENT FORM:

Parent Name: _____ Phone #: _____

Address: _____ City/State/Zip: _____

County: _____ Email Address: _____

Race: _____ Sex: _____ DOB: _____ Age: _____

1. Is there a **DVO** (Domestic Violence Order) involved in the divorce? Yes No
2. Name of the other party: _____
3. What class date do you plan to attend? This **one-time only** class is held on the held on the 2nd and 4th Wednesday of each month (except November and December): _____
4. How would you like to pay the \$25 class fee? Payment must be received **before** your desired class date to be considered enrolled in the class:

_____ I prefer to pay with cash or a check. (Deliver to our office between 8:30 a.m. – 4:30 p.m., M-F).

_____ I prefer to pay by credit card. (You will receive an email invoice with a link to pay online).

AUTHORIZED SIGNATURE OF PERSON ATTENDING CLASSES

I understand the Zoom link for this class will not be shared until 3:00 p.m. on the day-of assigned class. This prevents link sharing and the message from becoming buried in my email inbox. I understand that I will need to check my junk/spam folder if I do not see the email link.

I hereby certify that the above information is accurate. I understand that information will remain confidential between my referral source and Family Enrichment Center staff.

Signature

Date

TOTAL AMOUNT OF TRANSACTION = \$27.50 AMOUNT (\$25.00 + 2.50 TRANSACTION FEE)

(PAYMENT TYPE) VISA MASTER CARD DISCOVER

NAME ON CARD: _____

CREDIT CARD # _____

CVV # _____

EXPIRATION DATE _____

BILLING ZIP CODE _____

PAID _____