

Registration for Incredible Years (Parent Education Group)

Today's Date: ____/____/____

*Parent's First & Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Date of Birth: ____/____/____ Gender: M F (Please circle)

Race/Ethnicity: (optional) _____

How did you hear about the course? _____

Child's Name	Age	Child Care Needed?
--------------	-----	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Please fill out one form per adult registering for the course. Tuition is \$50/family.

For office use only:

Start Date: _____

Close Date: _____

Great Plains: _____

Paid (IY): _____

