



CENTER FOR  
*Fathers and Families*

# Practical Parenting *Application*

Center for Fathers and Families' *Practical Parenting* classes are offered at 920 Del Paso Blvd. each Wednesday at 10am. To enroll, please complete this application and return to the Center. You will be contacted to confirm your start date. Classes are free, and enrollment is based on space availability. A 12-session commitment is required and childcare is not available.

## Please tell us about you:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you ever taken a parenting course? yes / no

If yes, did you graduate? yes / no

Can you commit to attending 12 sessions? yes / no

Can you commit to attending 80% of the sessions? yes / no

What skills/knowledge are you hoping to gain by attending Practical Parenting?

1.

2.

3.

## Please tell us about your family:

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_