FINDING A BETTER WAY FOR MOMS AND DADS

Parent Training Program

Registration Form

Last Name:			
First Name:		**Middle Initial:**	
Home Phone:	**Cell Phone:**	**Email:**	
Primary Language: ☐ English ☐ Spanish ☐ Other _____			
Address:	**City:**	**State:**	**Zip:**
County of Residence: ☐ **Cumberland** ☐ **Dauphin** ☐ **Lancaster** ☐ **Lebanon** ☐ **Perry** ☐ **York**			
SPOUSE NAME/Other Attendee:	**Special Dietary Concerns:**	**Will Need Translator? If so please specify:**	

Children will *not* be attending the training. This information should only be provided if parents will be bringing their children along for childcare provided by Philhaven or agency staff while they attend the parent training

Anticipated # of children attending from family: ____
Ages of children: _____
_____

Scheduled Classes:
Sporting Hill Elementary

As a part of the registration process we will contact you for a brief phone survey that is a part of the research study being conducted for our program.

Please indicate the best time to contact you.

- **Daytime _____am**
- **Afternoon _____pm**
- **Evening _____ pm**