

THE FAMILY TREE

INFORMATION, EDUCATION & COUNSELING CENTER



Class Registration Form

Have you attended classes at The Family Tree before? Yes No

Name of Class Scheduling: _____ Class Date: _____

First Name: _____ Last Name: _____

Address: _____
Street City State Zip code

Phone number: () _____ Date of Birth: _____ / _____ / _____
Month Date Year

E-mail address: _____ Name of Mother/Father of child(ren): _____

Do you have children? Yes No Number of children: _____

How did you hear about this class? Word of mouth Flyer TFT newsletter TFT website Television
 Newspaper DCFS, Case worker name: _____ Other: _____

Court Ordered: No Yes, Court? 15th 16th other: _____ Judge/Hearing Officer? _____

For office use only:

Staff: _____ Today's date: _____

Method of Payment:

Cash Check #: _____ Visa MC Credit Card #: _____ Exp. Date: _____

Pre-registration form **mailed** Yes No OR **e-mailed** Yes No CNV#: _____ CC Zip Code: _____

Revised 4/30/15 Id