



FAMILY ENRICHMENT CENTER  
 Parent/Youth Education Program  
 441 Church Avenue Bowling Green, KY 42101  
 Phone: (270) 781-6714 Fax: (270) 842-5831  
<http://www.familyenrichmentcenter.com>

**PARENT/YOUTH EDUCATION CLASS ENROLLMENT FORM**

**\*\*PLEASE COMPLETE BOTH PAGES!\*\***

Date of Referral: \_\_\_\_\_

Case #: \_\_\_\_\_

**If you are a referral source and completing this form, please answer the question below:**

Name, Email Address, Phone Number, and Agency of Referral Source completing this form:

**If you are a parent and completing this form, please indicate who referred you to Parent Education Classes:**

Family Court (Please include name of judge and be sure your case number is at the top) \_\_\_\_\_

Protection and Permanency (DCBS) (Please include your case worker's name and the agency they work for) \_\_\_\_\_

Other (Please include your case worker's name and the agency they work for): \_\_\_\_\_

**Please mark the box next to the class in which the PARENT(s) are to be enrolled (Please call for availability of classes):**

Parents of Infants, Toddlers, and Pre-Schoolers (Pre-natal to age 4) (Monday's 5:30-7:30 p.m.)

Parents of School-Age Children (Ages 5-12) (Tuesday's 5:30-7:30 p.m.)

Parents of Adolescents (Ages 13 to 18) (Wednesday's 5:30-7:30 p.m.)

Parents of All-Age Children (Daytime Class – Mondays and Thursdays 9:00-11:00 a.m.)

**Are there youth in this case eligible for the Youth Education Classes? YES or NO**

**PARENT INFORMATION**

**Mother's** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Will participant have difficulty completing reading/writing assignments? Circle YES or NO

**Father's** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Will participant have difficulty completing reading/writing assignments? Circle YES or NO

**YOUTH INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: \_\_\_\_\_

Youth CURRENTLY resides:  Home  Foster Home  With Relatives  Other: \_\_\_\_\_

\*\*\*\*\*  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: \_\_\_\_\_

Youth CURRENTLY resides:  Home  Foster Home  With Relatives  Other: \_\_\_\_\_

**PLEASE COMPLETE PAGE 2!!**

**YOUTH INFORMATION CONTINUED...**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: \_\_\_\_\_

Youth CURRENTLY resides: [ ] Home [ ] Foster Home [ ] With Relatives [ ] Other: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Will he/she attend: Youth Education Childcare Neither Behavior Concerns: \_\_\_\_\_

Youth CURRENTLY resides: [ ] Home [ ] Foster Home [ ] With Relatives [ ] Other: \_\_\_\_\_

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**GENERAL FAMILY INFORMATION**

Is there now – or has there EVER been – a report, investigation, or substantiation of child abuse and/or neglect within the family?

YES or NO \*\*\*If YES, what form(s)? [ ] Physical [ ] Emotional [ ] Sexual [ ] Neglect/Dependency

What was the relationship of the abuser to the victim? \_\_\_\_\_

Please briefly describe the situation referenced above: \_\_\_\_\_

\_\_\_\_\_

Please identify ALL risk factors present for **JUVENILE DELINQUENCY**: [ ] Poor Family Relationships [ ] Educational/Behavioral Concerns at School [ ] Truancy [ ] Lack of Support Systems outside of Family [ ] Suspicion of Alcohol and/or other Chemical Abuse/Dependencies [ ] Child Abuse/Neglect [ ] Domestic Violence [ ] Teenage Pregnancy [ ] Mental Health Concerns [ ] Gang Activity [ ] Single Parent Home [ ] Other: \_\_\_\_\_

In detail, please explain why this family has been referred to the program and what the case plan is : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any current Emergency Protective Orders, Domestic Violence Orders, warrants for arrest, or other pertinent court filings?

YES or NO. If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Does the family have a history of drug abuse? YES or NO. If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZED SIGNATURE OF PERSON(S) ATTENDING CLASSES** (All who will attend must sign)

I hereby certify that the above information is accurate, and I release permission for Family Enrichment Center to communicate with my referral source(s) regarding my case. I understand that information will remain confidential between my referral source and Family Enrichment Center staff.

\_\_\_\_\_  
Signature of Class Participant(s) Date

\_\_\_\_\_  
Signature of Case Worker Date

This project is funded, in part, under a contract with the Cabinet for Health and Family Services through Prevent Child Abuse Kentucky using state funds allocated by the Kentucky General Assembly.

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