

# REGION II HUMAN SERVICES CLASS REGISTRATION

**NAME** \_\_\_\_\_ **SS #** \_\_\_\_\_ **DOB** \_\_\_\_\_  
First Middle Initial Last

\_\_\_\_\_ Age \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **CITY/STATE/ZIP** \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

**REFERRAL** (Reason for taking the class) \_\_\_\_\_

Are there legal charges? \_\_\_\_\_ If so what offense # \_\_\_\_\_

**PREVIOUS CONTACT WITH THIS AGENCY?**  YES  NO  
If yes, please list services you received \_\_\_\_\_

<b>CLASS ATTENDING:</b>	<b>CLASS DATES:</b>
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_____ BECOMING A LOVE & LOGIC PARENT	_____
_____ COMMON SENSE PARENTING	_____
_____ COOPERATIVE PARENTING	_____
_____ 1-2-3 MAGIC	_____
_____ ACTIVE PARENTING OF TEENS	_____
_____ TALKING ABOUT ALCOHOL, DRUGS AND YOU	_____
[How many times have you been required to attend an alcohol/drug educational class? _____]	
_____ OTHER _____	_____

**PAYMENT PLAN:** \_\_\_\_\_

PRE-REGISTRATION FEE PAID: \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**STAFF SIGNATURE**  
Forms CLASS REGISTRATION June 2010

\_\_\_\_\_  
**DATE**