

Family Life Resource Center

Transparenting Education Registration Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

1. Your relationship with your child's other parent:
 Married Separated Divorced Never Married Other
2. Name, Age, and Sex of your Child (ren)? _____ Age: _____ F/M
_____ Age: _____ F/M
3. Who has custody of the Child (ren)? _____
Is there currently a court order for custody and visitation? Yes No
4. What is the other parent's name? _____
5. Has the other parent been ordered to parenting class? Yes No
6. Do you want to be in the same class as the other parent? Yes No No Preference
7. Is there any history of domestic violence in your relationship with the other parent? Yes No
8. Is there any type of protective, no contact, or trespass order at this time?
 Yes No If yes, please explain _____
9. Has the court ordered you to a parenting class? Yes No *If yes, answer A, B & C.
 - a. **What court?** **Juvenile & Domestic Relations District Court**
 Circuit Court.
What jurisdiction (i.e. Harrisonburg/Rockingham, Shenandoah, etc)? _____
 - b. **What is your case number?** _____
 - c. When is your court date? _____
 - d. When must you complete the Class? _____
10. Please choose the month you wish to attend the Parent Education training:
 - a. **3rd Friday** of the month from **12:00 p.m. to 4:00 pm.** _____ **(Month)**

NOTE: **The fee for this class is \$50** per attendee, payable in advance. If your income is below \$25,000 the fee may be discounted to \$35. You must send your payment with this form in order to be registered for a class. Please note registration for classes close 5 business days prior to the date of the class. Failure to attend class within three months of the registration date will result in the forfeiture of the registration fee. You will receive a notice confirming the day, time, and location of your class. You must call at least 24 hours prior to the class to cancel. In case of proper cancellation, fees may be applied to a future class.

I verify the above given information is true and accurate:

Signature: _____ Date: _____

Mail this form with payment to:

**Family Life Resource Center,
273 Newman Avenue, Harrisonburg, VA 22801
540.434.8450**