



Class: \_\_\_\_\_

Start Date: \_\_\_\_\_

Our mission is to promote  
A community commitment to healthy parenting  
And to strengthen and enhance families  
to ensure the well-being of children.

**PARENT REGISTRATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

| Children: | Name  | Birth date or age (if over age 2) |
|-----------|-------|-----------------------------------|
|           | _____ | _____                             |
|           | _____ | _____                             |
|           | _____ | _____                             |
|           | _____ | _____                             |
|           | _____ | _____                             |

Emergency Contact Person:

| Name  | Phone | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |

Where did you learn about Parents' Place? \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_