

THE FAMILY TREE

INFORMATION, EDUCATION & COUNSELING CENTER



Class Registration Form

Please complete all fields that apply

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): _____ Court Ordered: Yes No

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

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

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

Revised 9/16/2011 jb
