

BOYS TOWN COMMON SENSE PARENTING REGISTRATION QUESTIONNAIRE

Class #: _____ **Start Date:** _____ **Day:** M T W Th F **Time:** _____ AM or PM
(Start date of class)

Location of Class: _____

Please complete the following information about yourself and return this form along with your payment. Please keep in mind that your responses will be kept confidential. We appreciate your cooperation.

1. Name: _____ Date: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Home Phone: _____ Work Phone: _____

5. Parent Gender: _____ Male _____ Female Date of Birth: _____

6. Marital Status: _____ Single _____ Married _____ Separated _____ Divorced

7. Please indicate to which ethnic/racial group you belong: _____ American Indian/Alaskan/Hawaiian
_____ White _____ Hispanic _____ Asian or Pacific Islander _____ African-American _____ Other

8. Protection Order: _____ Yes _____ No Restricted Party: _____

9. Another Adult Attending Class: _____ Yes _____ No Relationship: _____

10. Highest Level of Education: _____ Less than HighSchool/GED _____ Completed HighSchool/GED
_____ Some College _____ College Graduate _____ Masters Degree _____ Doctorate

11. Household Income: _____ Under \$15,000 _____ \$15-40,000 _____ Over \$40,000

12. Employment Status: _____ 1. Not Employed – Not Seeking Employment
_____ 2. Not Employed – Seeking Employment (Ask About CLC Services)
_____ 3. Full-Time Employed
_____ 4. Part-Time Employed
_____ 5. Retired

13. Primary Language: _____ English _____ Spanish _____ Other: _____

14. Please indicate the source most responsible for you seeking parenting classes:
_____ Community Ed Flier _____ Spouse/Friend Attending _____ Child's School: _____
_____ TANF - Caseworker: _____ DSS/CPS - Caseworker: _____
_____ Court - Judge: _____ DOC - P.O.Name: _____
_____ Other: _____ Caseworker: _____

15. What do you **most hope** to gain as a parent from this class: _____

16. Do you have any physical, mental, emotional, or learning disabilities: _____

17. Child's Name	Sex	Age	Disabilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fax to: 394-6083 Attn: Brandi Christoffer