PATHWAYS FOR VICTIMS OF DOMESTIC VIOLENCE

PARENTING CLASS ENROLLMENT APPLICATION

Early Childhood Development & Parenting: Supporting Children with Disabilities

For parents, legal guardians, and caregivers. Please complete the sections applicable to you. Information about a child's diagnosis is optional.

1. Applicant Information

Full legal name: _____

Preferred name (optional): _____

Date of birth (applicant): _____

Phone number: _____

Email address: _____

Mailing address: _____

City / State / ZIP: _____

Preferred contact method and safe time to contact: _____

Preferred language / interpreter or accessibility accommodation:

_____

2. Enrollment and Referral

Enrollment type: [ ] Voluntary [ ] Court-referred [ ] Social services [ ] Other

Referral agency / contact (if applicable): _____

Case or referral number (optional): _____

Required completion date (if applicable): _____

Is there an order or restriction affecting parenting contact or participation? [ ] Yes [ ] No [ ] Prefer to discuss privately

If yes, please speak privately with program staff. Do not attach confidential court or child records unless specifically requested through a secure process.

3. Family and Parenting Background

Your role: [ ] Parent [ ] Legal guardian [ ] Caregiver [ ] Other

Number of children and age ranges (no full names required):

_____

Child-related support areas (check any): [ ] Communication [ ] Developmental learning [ ] Mobility/accessibility [ ] Sensory needs [ ] School/IEP/504 advocacy [ ] Daily routines [ ] Safety planning [ ] Transition to independence [ ] Other

Optional information you wish the instructor to know about your family's needs:

_____

_____

4. Learning Goals and Participation

What would you most like to learn or improve through this parenting class?

_____

_____

Preferred virtual participation: [ ] Live video [ ] Audio / phone accommodation [ ] Discuss with staff

Do you need accessible materials or scheduling assistance? [ ] Yes [ ] No

If yes, please describe only what is necessary: _____

5. Emergency Contact (Optional)

Contact name and relationship: _____

Contact phone: _____

6. Enrollment Understanding and Consent

[ ] I understand this is a parenting education program and is not a substitute for medical, mental-health, legal, or individualized disability services.

[ ] I agree to participate respectfully, protect the privacy of other families, and avoid sharing identifying child information in group discussions.

[ ] I understand that enrollment and attendance do not guarantee court or agency acceptance, custody outcomes, or family reunification.

[ ] I understand Pathways will separately communicate the schedule, attendance rules, any fees, and applicable cancellation or refund terms before I commit to paid enrollment.

[ ] I understand that program staff may contact me using the safe contact method I supplied; any release of information to a referring agency requires appropriate authorization or another lawful basis.

Applicant signature: _____ Date: _____

Printed name: _____

For Pathways Administrative Use Only — Separate from Student Instructions

Date received: _____ Enrollment status: [ ] Pending [ ] Accepted [ ] Follow-up needed

Assigned staff: _____ Class start date: _____

Accessibility / referral follow-up (store securely): _____

This section is for enrollment processing only; existing instructor and staff operating instructions remain separate.