PATHWAYS FOR VICTIMS OF DOMESTIC VIOLENCE

FATHERHOOD RECLAIMED — THE ROAD BACK TO YOUR CHILDREN
STUDENT ENROLLMENT APPLICATION

Please complete the applicable sections. Sensitive personal information may be discussed privately with authorized program staff. Do not include children's identifying information or confidential medical or court records on this form.

1. Applicant information

Full legal name: _____

Preferred name (optional): _____

Phone / safe contact method: _____

Email / safe email address: _____

City / County / State: _____

Preferred language or accessibility accommodations: _____

2. Enrollment preferences

Preferred class format: ■ Virtual ■ In person, if available ■ No preference

Best time to contact you: _____

Is it safe to leave a message? ■ Yes ■ No

How did you hear about Pathways? _____

3. Your learning goals (check all that apply)

■ Build or restore a safe relationship with my child

■ Improve parenting and communication skills

■ Understand child support and financial hardship options

■ Find employment, housing, or basic-needs resources

■ Find support for alcohol or drug use

■ Learn safe co-parenting or parallel parenting

■ Understand legal assistance and court-related resources

■ Develop emotional regulation and accountability skills

What is one change you hope to make in the next 90 days?

_____

_____

4. Safety and participation

Are there court orders or child welfare conditions that may affect participation or contact with a child?

■ Yes ■ No ■ Prefer to discuss privately

Do you need a confidential referral or accessibility accommodation before class begins?

■ Yes ■ No ■ Prefer to discuss privately

5. Student understanding and acknowledgment

■ I understand this is an educational and referral program, not legal representation, psychotherapy, addiction treatment, or a guarantee of custody or family reunification.

■ I understand I must comply with applicable court orders, protective orders, and child welfare requirements.

■ I understand that child safety and respectful participation are essential, and specialized services may be recommended when appropriate.

■ I understand that my enrollment alone does not authorize Pathways to share my information with outside providers or contact a child, co-parent, court, or agency. Separate authorization or another lawful basis is required.

■ I understand that class schedule, attendance requirements, fees (if any), and applicable cancellation or refund terms will be provided for review before enrollment is finalized.

Applicant signature: _____

Date: _____

Please return the completed application using the secure submission method provided by Pathways.