PATHWAYS FOR VICTIMS OF DOMESTIC VIOLENCE

STUDENT ENROLLMENT APPLICATION

Digital Fatherhood — Reconnect Beyond the Screen

Gaming and Digital Habits Education | Student Enrollment

Applicant Information

Full legal name: _____

Preferred name: _____ Date of birth: _____

Phone: _____ Email: _____

Mailing address / city / state / ZIP: _____

Preferred safe contact method and time: _____

Language, interpreter, or accessibility accommodation (optional): _____

Enrollment Details

Enrollment: [ ] Voluntary [ ] Agency referred [ ] Court referred [ ] Other

Referring agency / contact (if applicable): _____

Preferred class schedule: _____ Virtual attendance: [ ] Yes [ ] Discuss

How did you learn about this course? _____

Digital Habits and Learning Goals

This educational course explores gaming, online activities, real-world responsibilities, and healthy digital balance.

What activities do you use most? [ ] Video games [ ] Streaming [ ] Social media

[ ] Coding / online communities [ ] Other: _____

What areas would you like to improve? [ ] Sleep [ ] Time management

[ ] Parenting / family connection [ ] Work / school [ ] Relationships

[ ] Financial priorities [ ] Emotional regulation [ ] Other: _____

What is one practical goal for your digital habits?

_____

Would you like information about optional professional support? [ ] Yes [ ] No

Program Understanding

[ ] I understand this course provides education and skills practice; it does not diagnose or treat gaming disorder or any mental-health condition.

Participation and Consent

[ ] I understand this is an educational program, not a guarantee of custody, visitation, reunification, or any court outcome.

[ ] I agree to respectful participation, confidentiality of other students, and compliance with applicable court or protective orders.

[ ] I understand any fees, schedule, attendance requirements, and cancellation/refund terms will be provided before I commit to enrollment.

[ ] I understand information will not be shared externally without an appropriate authorization or other lawful basis.

Applicant signature: _____ Date: _____