PATHWAYS FOR VICTIMS OF DOMESTIC VIOLENCE

Happy Family Program

ENROLLMENT / WAITLIST APPLICATION

Please print clearly. Leave any question blank if you prefer to discuss it privately.

Applicant information

Full name: _____

Preferred name (optional): _____

Date of birth (optional): _____

Phone number: _____

Email address: _____

City / State: _____

Preferred method of contact: _____

Enrollment interests

What would you like to learn or improve? _____

What are your goals for joining the Happy Family Program?

_____

Areas of interest (mark any that apply)

☐ Family communication and listening

☐ Sibling or extended-family conflict

☐ Parenting and caregiving relationships

☐ Healthy boundaries and accountability

☐ Financial or inheritance disagreements

☐ Healing, personal growth, and future planning

Learning and access preferences

Preferred class format: ☐ Virtual ☐ In person (if available) ☐ No preference

Would you like to request an accessibility accommodation? ☐ Yes ☐ No ☐ Prefer to discuss privately

Accommodation or scheduling requests (optional): _____

Consent and acknowledgment

I understand that this is an educational program and that application or waitlist submission does not guarantee enrollment. I understand that participation does not replace professional legal, medical, or mental-health services. Pathways may contact me using the information provided regarding enrollment.

☐ I agree to be contacted about this program.

Applicant signature: _____

Date: _____

Administrative use only: Date received: _____ Status: _____

Privacy note: Please do not include sensitive details about abuse, medical diagnoses, or other family members on this general application. Staff can discuss appropriate next steps privately.