



# Locke's Lessons – Parenting Program Intake Form

Parent/Guardian Name:

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Phone Number:

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Email Address:

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Preferred Contact Method (Call / Text / Email):

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Child(ren) Name(s) & Age(s):

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Are you a single parent?  Yes  No

Top parenting challenges you are facing:

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Behaviors or concerns you want support with:

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Family or parenting goals:

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Do you currently receive parenting support?  Yes  No

If yes, explain:

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Preferred Program Type:

Group Classes  One-on-One Mentoring  Both

Availability (Days & Times):

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Additional information you'd like us to know:

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Consent: I understand this program is educational and not therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_