## Family University Course Registration



Name			Date			
Address		City		State	Zip Code	
Home Phone Cell Phone		Work Pho	Work Phone		E-mail	
Oct. 19—E *No Class Fridays 8:30 —10:3	SAFE Office (1009 C A	ing	*No Class the Tuesdays 5:30 — 7:30 p	e. 11 (5 Sessions e week of Thar o.m. AFE Office (100	nksgiving	
PAYMENT OPTIONS						
otal Amount Due: \$	<u> </u>					
Cash	Check (payable to	Coronado SAFE)				
Credit Card Circle: VISA/Mastercard						
Circle, VISA/MC	Card	Number		Exp	o Date	
	Name	e on Card				
	Signa	ture			ate	
Please mail/dro Coronado SAFE 1009 C Avenue Coronado, CA	n payment to:	If you have any questions, please contact: Madison Webb Coronado SAFE Madison.Webb@CoronadoSAFE.org 619-522-6884				
OFFICE USE ONLY						
Amount Received	d:\$	Check #	_ 🗌 Cash Re	ceipt 🗌 Cre	edit Card Approva	
Staff Name/Signature			Data			

## **Confidential Family Information**

Information shared with class facilitator only



Name			
Marital Status	Number of Children		
Name of Child	Sex	Age	Relationship to Child
Which situation best describes	s your family?		
☐ Single Parent Household			
Spouse on Deployment			
Dual Parent Household			
Combined Family (childre	n from previous	s marriages)	
Mixed Family (both new c	hildren in marri	age and ch	ildren from previous marriages)
Other Family Member Prin	nary Caregiver	(grandpare	nt, aunt, uncle, etc.)
☐ Non-Family Member Primo	ary Caregiver		
Other, please explain:			
What do you find is the most	challenging p	art of parer	nting?
What, if any, are forms of out	side support th	nat you or y	rour family receive (Services, Groups, Activities, etc.)?
What outside factors do you	feel positively	or negative	ely influence you or your family's life?
What would you like to gain	from enrollmer	nt in Coronc	ado SAFE's Family University?
Is there anything else you wo	ould like us to k	now about	you so that we might be better able to assist you?