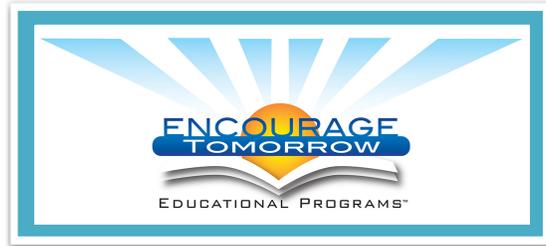


Kids' Turn Registration Form

* Required



Dear Parent:

Kids' Turn of Fresno County is a co-parenting program offered to children and their families dealing with separation and divorce. Included is the Kids' Turn registration packet with program dates and times. Each parent who registers must complete their own registration packet.

If your child(ren) will attend Kids' Turn, on the first day of the program you will be asked to complete one Child Registration Form for each child.

You may register by email, mail or in person and pay online, by mail or in person. All registration and payments made at the Encourage Tomorrow office is by appointment only. We accept credit cards, cash, checks, or money orders in the amount shown on the fee schedule. Please make checks payable to: Encourage Tomorrow.

Application Process

APPLY ONLINE

- * Download application and submit completed application by email or mail.
- * Make payment based on the fee schedule using PayPal on our website (entoed.com) or by mailing a check to:
Encourage Tomorrow, 2304 W. Shaw Ave. Suite 103
Fresno, CA. 93711
- * Bring proof of income first day of workshop

APPLY BY MAIL

- * Fill out application received in the mail and mail back to:
Encourage Tomorrow, 2304 W. Shaw Ave. Suite 103

Fresno, CA. 93711

* Mail payment (based on the fee schedule) with the completed application and with proof of income (last 2 pay stubs).

APPLY IN PERSON

- * Apply in person at the EnTo office by appointment only.
- * Call or email for an appointment to complete the registration packet and pay fee.
Encourage Tomorrow voicemail at (559) 233-2880 or email:
kidsturn@entoed.com

FIRST DAY OF WORKSHOP

- * Please provide proof of income (2 most recent pay stubs) if not already submitted
- * Provide payment if there is any balance due based on your income
- * Complete Child Registration Form for each child attending

PAYMENT IS NONREFUNDABLE

Once we receive your registration forms and payment we will send you a Confirmation Packet two weeks before the start of the workshop. Packet will include registration letter, receipt for payment, directions & map to classrooms and calendar.

If you have any questions or concerns please call Encourage Tomorrow voicemail at (559) 233-2880 or email: kidsturn@entoed.com

PAYMENT IS NONREFUNDABLE.

Space is limited and will not be reserved without payment. To ensure a spot for you and your children please submit your registration forms as soon as possible.

Registration Packet

1. **Name:** *

First & Last:

.....

Workshop Location:

California State University, Fresno 5241 North Maple Avenue, Fresno, CA 93740 - Peters Building, Room 101

Registering for Workshop Starting:

2. Please check website for dates and times of workshop and enter start date you are registering for:

.....
Example: December 15, 2012

3.

.....

WORKSHOP FEE SCHEDULE

A fee is charged for each parent participant.

Income is assessed separately for each parent’s household and is based on pre-tax income.

If you are receiving spousal support, this is included in your pre-tax income.

If you are paying spousal support, this is deducted from your pre-tax income.

*Each parent is required to provide a statement of income i.e., tax return, last two pay stubs, etc.
We accept credit cards, cash, check, and money orders.*

Pre Tax Income	Parent Tuition with Two Children Attending	Parent Tuition with Three, or More Children Attending
Up to \$25,000	\$ 125.00	\$ 150.00
\$ 25,001 between \$ \$ 44,999	\$ 200.00	\$ 250.00
\$ 45,000 between \$ 64,999	\$ 300.00	\$ 350.00
\$ 65,000 between \$ 85,000 +	\$ 400.00	\$ 450.00

Registration is complete when we have received all completed forms and payment.

THIS IS A NONREFUNDABLE FEE.

YOUR FEE IS \$_____.

4.

.....

5. I, _____
acknowledge and understand that the above mentioned registration fee is nonrefundable. *

(By entering your name in the box below, you are effectively providing your signature)

.....

6. **Today's Date: ***

.....
Example: December 15, 2012

7.

.....

To make a payment copy and paste the PayPal link below into web browser:

https://www.paypal.com/us/cgi-bin/webscr?cmd=_flow&SESSION=DKj8ShJojtocS-AP3vJ1Zre_hW6BLMRxI2qsEEqfz-EMCZTEB5pYKkM0Eug&dispatch=5885d80a13c0db1f8e263663d3faee8d0b9dcb01a9b6dc564e45f62871326a5e

KIDS' TURN PARENT REGISTRATION FORM

This form is to be completed by parents to register for Kids' Turn. EACH PARENT MUST FILL OUT THEIR OWN REGISTRATION FORM(S).

8. Your Name: *

.....

9. Home/Cell: *

.....

10. Work Phone:

.....

11. Address: *

.....

12. City: *

.....

13. State: *

.....

14. Zip Code: *

.....

15. Email: *

.....

16. Ethnicity (Optional):

.....

17. Occupation: *

.....

18. Employer: *

.....

19. Do you have any reasonable accommodation needs we need to be aware of?:

.....

How were you referred to KIDS' TURN? Fill in additional information where appropriate.

20. How were you referred to KIDS' TURN? Fill in additional information where appropriate. *

Mark only one oval.

- Attorney/Therapist
- Friend/Family
- Family Court Services/Judge
- Ad
- Other

21. If you answered (Family Court Services/Judge) above, what city did the referring?

.....

22. HAVE YOU ATTENDED KIDS' TURN BEFORE? *

Check all that apply.

- NO
- YES

23. If you have attended KIDS' TURN before please tell us when?

.....

Name of other parent (THIS DOES NOT MEAN HE OR SHE IS REGISTERED):

24. Other Parent Name: *

First & Last:

.....

25. Work Phone:

.....

26. Home/Cell: *

.....

27. Address:

.....

28. City:

.....

29. State:

.....

30. Zip Code:

.....

31. Email Address:

.....

ENROLLED CHILDREN ARE ENCOURAGED TO ATTEND ALL 6 SESSIONS WHEN THEY ARE IN THE CUSTODY OF THEIR ENROLLED PARENT(S)

32. Name and age of the child(ren) whom you are registering: *

.....

33. How many years did you and your child(ren)'s other parent live together?:

.....

34. What is the approximate date you and your child's other parent stopped living together?:

Families cannot attend Kids' Turn before separation takes place.

.....

35. Is there currently any litigation concerning child custody or visitation?

Mark only one oval.

Yes:

No:

36. Has your family been involved with Child Protective Services?

Mark only one oval.

Yes:

No:

37. How has this separation or divorce impacted your life?:

(i.e. communication, depression)

.....

38. What do you hope to get out of attending the parent's workshop?:

(i.e. communication, depression)

.....

39. Does your child's other parent have information about the workshop?:

Mark only one oval.

Yes:

No:

40. If No, may we contact them to give them information?:

Mark only one oval.

Yes:

No:

PROGRAM PARTICIPATION CONSENT FORM

I hereby consent for myself and my child(ren) to participate in Kids' Turn, a program conducted at the designated site. The purpose of the program is to offer education and support to help children and parents in the process of family reorganization following separation or divorce.

I agree to participate and give my consent for my child(ren) to participate in the six week Kids' Turn program. I understand that, within the bounds set by law, all information, communications, observations and opinions derived from this program shall be considered private and confidential between myself and the Kids' Turn program. I understand, too, that the program may be described in written publications but that no information will be provided that could identify any individual participants in the program.

I agree that neither myself nor anyone representing me shall call on any staff persons or intern involved in this program during this program or at any other time to provide either written or oral testimony at a deposition or in court on any issue related to my family nor shall I subpoena any records from Kids' Turn for such purposes. I waive any right that I may have to call such person or subpoena such record in this or any action which is or may be filed.

I understand further that the staff, students, interns and faculty used for the workshop is in no way responsible or liable for any action associated with the Kids' Turn program.

PROGRAM PARTICIPATION CONSENT FORM

41. I have signed that I read, understand and agree to the above statement

_____.*
(By entering your name in the box below, you are effectively providing your signature)

.....

42. Today's Date: *

.....
Example: December 15, 2012

.....