

FATHERS IN TOUCH ~REGISTRATION

1. Parent Name(s): _____ Gender _____ DOB _____ Mandated? _____

2. Address: _____

3. Location of Residence:

- City of Alexandria Fairfax County Arlington County
- Prince William County Loudoun County Other: _____

4. Phone Number: _____ Home Cell Work

_____ Home Cell Work

5. Children:

Name	DOB	Attending?	Allergies/Special Needs
1.			
2.			
3.			
4.			
5.			

6. Ethnicity:

- Caucasian Black/African-American Hispanic Asian
- Native-American African European Other (identifier): _____

7. Marital Status:

- Single Married Separated Divorced Living as Married/Engaged
- Widowed

8. Household Income:

9. Are you currently receiving any social services?
Which?

11. How did you find out about Fathers In Touch?

9. Social Worker/PO: _____ Telephone No.: _____

10. Why are you taking these classes? _____

FALL / SPRING

Registration Date: _____

Interview Date: _____

Time: _____

11. Do you have transportation? (Yes) (No, NEED TAXI)