

**2017 Class Registration** **ILION COMMUNITY Church CARE NET**

Thank you for your interest in taking the **Parenting from the Tree of Life** Classes.

*A 17 week investment into a Child's life.*

Please complete the following:

Last Name \_\_\_\_\_ First \_\_\_\_\_

Additional Attendee (spouse, relative, etc. in same household) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Coming to Class as a \_\_\_ Married Couple \_\_\_ Single \_\_\_ Separated \_\_\_ Blended Family \_\_\_ Other (explain)

Occupation: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Is there a primary caregiver other than the mother or father (relative, daycare)? \_\_\_\_\_

If yes, please describe who and when: \_\_\_\_\_

<u>Child's Name</u>	<u>Age</u>	<u>Type of Schooling</u>

Regular attender of any specific church? \_\_\_\_\_ If yes, name of church: \_\_\_\_\_

What other parenting or marriage classes have you taken before? \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

Please list two reasons why you want to take this class: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signatures of attendees:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Mail or Return this registration by: August 20<sup>th</sup>, 2017**

**Participant book cost \$20. Payment is due by the first class.**

**Return this registration to: Ilion Community Church**

**44 Central Plaza, #4**

**Ilion, NY 13357**

**ICC is located in the ARC Mall which is handicapped accessible.**