

PARENTING CLASS REGISTRATION FORM
Alaska Youth and Family Network

Class Location:

401 E. Northern Lights #100 Anchorage 99503
770-4979 fax 770-4997 ayfn@ayfn.org

Name 1 _____ Name 2 _____

Address _____

City _____ Alaska Zip Code _____ Day phone _____

Evening/cell phone _____ other phone _____

e-mail _____

Children:

1. Age _____ Gender _____ Name _____

2. Age _____ Gender _____ Name _____

3. Age _____ Gender _____ Name _____

4. Age _____ Gender _____ Name _____

Are you requesting childcare? _____ If yes, for which children above? 1__ 2__ 3__ 4__

Class beginning Date: _____

Registration Fee: \$75.00 per person

Childcare Fee: \$5.00/class/family

Person Responsible for Payment:

Self _____ Payment Schedule Needs to be arranged _____ (call 770-4979)

Medicaid Treatment/Service (if applicable)

Plan Provider _____

Contact Name _____ Phone _____

e-mail _____

Class included in Treatment Plan beginning ____/____/____

Reference Code/Number for Invoice _____

(for office use only)

Payment Date: ____/____/____ Check # _____ Cash _____

Fee waived/reduced to _____ by _____ date ____/____/____

Attended class beginning ____/____/____ ending ____/____/____