

Fathers Are A Factor Registration Form Warren and Clinton Counties

To register for this program, please complete this form and either fax, email or mail it to:

FAX: 513-231-8782 **Main number**: 513-231-6630 **email**: classes@beechacres.org

Mailing Address: Beech Acres Parenting Center-Fathers Are A Factor, 6881 Beechmont Ave., Cincinnati, OH 45230

Attention: Linda Hudson

DATE:		
CASE NUMBER (if applicable):		
REFERRING COURT OR AGENCY (if applical	able):	
FIRST NAME:	MI: LAST:	
ADDRESS:		
CITY:	STATE: ZIP CODE:	
COMMUNITY/NEIGHBORHOOD:	COUNTY: □Urban □Rural □Suburban	
DATE OF BIRTH:	PHONE NUMBER: ()	
EMAIL: Parenting Role Father Step-parent Grandparent Marrial Status Married Separated Separated Divorced Single Co-habitating Widowed	Educational Attainment Not a high school graduate High school graduate/GED Vocational/Technical School Some college/Associate degree Bachelor's degree Graduate or professional degree Unemployed Employment Status Part-Time Part-Time Full-Time Disabled, Not Wo	orking
Race African American/Black Alaskan Native Asian Caucasian/White Native American/American Indian Native Hawaiian / Other Pacific Islander	Ethnicity Cuban Mexican Puerto Rican Other Hispanic/Latino Not Hispanic/Latino Approximate Yearly Household Income: \$	
How many children do you have?	Number of children under 18 living in your household?	
Please list the birth year and gender of each of	child <u>under the age of 18 living in your household</u> :	
Child 1 Birth Year: Gender: _		
Child 2 Birth Year: Gender: _	Child 6 Birth Year: Gender:	
Child 3 Birth Year: Gender: _	Child 7 Birth Year: Gender:	
Child 4 Birth Year: Gender: _		