

Child Impact Program Registration Form

[Note: Please do not bring children to the session, as unfortunately, no child care is provided.]

Personal Information		
Court Docket or Case Number	Name of Court	
First Name	Middle Initial	Last Name
Street Address		City/Town and Zip Code
Home Phone	Cell Phone	Work Phone
Date of Birth	Email	
Co-Parent First Name	Middle Initial	Last Name
Session Information		
Session Location Desired		
Session Date & Time Desired 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____	Do you need a Foreign Language Interpreter? <input type="checkbox"/> Yes, in _____ <input type="checkbox"/> No <i>please list language</i>	
	Do you need a Sign Language Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a history of domestic violence, abuse, or a restraining order in this case? <input type="checkbox"/> Yes (Co-parent may <u>not</u> attend same session.) <input type="checkbox"/> No	Do you object if your co-parent attends the same Session? <i>Note: Co-parent attendance in the same session is at the discretion of the Program Provider</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment Information		
Payment Amount \$ _____	Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ <input type="checkbox"/> Credit Card	Credit Card Information Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Other (<i>please specify</i>): _____ Name on Card: _____ Card Number: _____ Security Code: _____ Ex. Date: _____ <i>3-digit code on back of card</i> Signature: _____
Fees: <input type="checkbox"/> I am paying the full fee. <input type="checkbox"/> I am on state or federal assistance.* <input type="checkbox"/> I am not on state or federal assistance, but unable to pay the full fee.* * CIP Request to Reduce or Waive Fee Form is required.		
Additional Information		
Confirmation <ul style="list-style-type: none"> ▪ Registration is NOT guaranteed until payment is received ▪ Unless we contact you, your first choice date / time selection will be honored 		
Rescheduling Fee <ul style="list-style-type: none"> ▪ A rescheduling fee of \$25 will be charged if course is not completed 		
Forfeiture of Registration Fee <ul style="list-style-type: none"> ▪ Failure to complete the program within 6 months of registration will result in forfeiture of registration fee 		