

**Incredible Years Parent Group Application Form
Toddler and Pre-School Program**

Commitment: One Night a Week for 14 Weeks
When: TBD
Where: TBD
Time: 5:30 pm—8:00 pm

Please complete the following:

Parent Name (s): _____

Child's Name: _____ Child's Date of Birth: _____

Telephone #: _____ Email: _____

Address: _____

Child Care Facility child is currently attending: _____

Please indicate how you were referred to this program: _____

Number of adults from my household attending: _____

Number of children who will need child care: _____

Ages of children who will need child care: _____

Session - please circle one:

Session I: Parents of children aged 1-3

Session II: Parents of children aged 3-5

I am interested and willing to commit to this 14 week parent program to address my child's challenging behaviors.

Parent Signature

Date

A \$50 incentive will be paid to parents who *complete* the program and all related evaluations and surveys.

Dinner and child care are provided free of charge.

Please call Kim Morabito at 336.513.0063 x 118 or email kmorabito@alamancechildren.org for more information.