

# The Incredible Years

## Incredible Years Parent Group Interest Form

**When:** One night a week for 14 weeks in fall 2019

**Time:** 5:00-7:30pm

**Classes Offered:** Parents of children 3-5 years, 6-12 years,  
and Autism/Language Delays

**Parent's Name (s):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**School /child care facility:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Class interested in attending (circle one):**    Preschool (3-5 years)    School Age (6-12 years)    Autism/Language Delays

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### FREE Class, Dinner and Childcare

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

Please call Jessica Reedy at 336.513.0063 x 110 or email [incredibleyears@alamancechildren.org](mailto:incredibleyears@alamancechildren.org) for more information.

