



**Incredible Years Parent Group
Application Form**

Commitment: One Night a Week for 14 Weeks
When: TBA
Time: 5:00 pm – 7:30 pm

Dinner and child care are provided free of charge.

Please complete the following:

Parent Name (s): _____

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

Telephone #: _____ **Email:** _____

Address: _____

Please indicate how you were referred to this program.

Name of Referral Agency: _____

Contact Person: _____ **Telephone Number:** _____

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 check one:

- Session I: Parents of children ages 3 – 5 in English**
- Session II: Parents of children ages 6 – 12 in English**
- Session II: Parents of children ages 6 – 12 in Spanish**

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.



Please call Dale Cryan at 336-513-0063 or email dcryan@alamancechildren.org for more information

