



The Incredible Years Parent Group Interest Form

When: One night a week for 14 weeks in Fall 2020

Time: 5:00-7:30pm

Classes Offered: Preschool (3-5 years), School Age (6-12 years), and Autism/Language Delays (3-8 years)

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 for more information.

