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.