

Children 1st Class Registration Form

Please complete this form and return to Harmony At Home prior to the first class along with the Split Film confirmation email/receipt
Payment in full is required before the first class is scheduled. Each parent must complete a separate registration form.

Date: ____/____/____ **Class Location:** Carmel Office ____ Salinas Office ____ Telehealth ____

STUDENT INFORMATION: (Please use full legal name, no nicknames)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Cell Phone #: _____
Email Address: _____
Employer Name: _____
Work Phone #: _____

Please tell us how you heard about us: _____
Is this class court ordered? _____
Name of the other Parent: _____
Name and Ages of Children:

Please check one of the statements below:

____ I have sole legal custody of the child(ren) and grant authorization for my child(ren) to attend the Children 1st Class (please provide sole legal custody documentation)
____ I have joint legal custody of the child(ren) and written consent will be provided from the other Parent granting authorization for my child(ren) to attend the Children 1st Class.

Do you have a history of domestic violence? _____
Have you ever been convicted of a felony? _____
Is there gang affiliation history? _____
If you replied yes to any of the questions above, please explain:

Signature: _____ Date: _____