Nurturing Parenting Program Family Enrollment Form  
Fairfax County Department of Family Services, Prevention Services  
12011 Government Center Parkway, Fairfax, VA 22035  

Today's Date: ___________ Age group, start date and location of class (if known): ________________________________  

Person completing this form: ______________________________________________________ Date form received: (For Program use only) ____________  

How would you describe your family?  __Single  __Married  __Divorced  __Separated  __Living with friend  __Widow(er)  

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Date Of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Country of Origin</th>
<th>Live With You?</th>
<th>Child Status</th>
<th>Will Attend Program?</th>
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- **Name:**  
  - Please give **FIRST and LAST** name of each person  

- **ID:** (Assigned by Staff)  
- **Date Of Birth:**  
- **Age:**  
- **Sex:** M=Male F=Female  
- **Race:**  
  - A=American Indian/Alaska Native  
  - B=Asian  
  - C=Black or African American  
  - D=Hispanic/Latino  
  - E=Native Hawaiian or other Pacific Islander  
  - F=White  
- **Country of Origin:** (Please specify)  
- **Live With You?** Yes or No (If no, give location)  
- **Child Status:**  
  - B=Birth  
  - A=Adopted  
  - F=Foster  
  - S=Stepchild  
- **Will Attend Program?** Yes or No  

- **Mother:**  
- **Father:**  
- **(If relevant) Co-parent/Other:**  
- **Children:**  

Address: Street number and name: _______________________________ City: _______________________________ State: _______________ Zip Code: _______________  

Phone Numbers:  
- **Home:** _______________________________  
  - Is it okay to leave a message? ____Yes  ____No  
- **Work:** mother/father/coparent: _______________________________  
  - Is it okay to leave a message? ____Yes  ____No  
- **Cell Phone:** mother/father/coparent: _______________________________  
  - Is it okay to leave a message? ____Yes  ____No  
- **E-Mail Address:** _______________________________  
  - Is it okay to leave a message? ____Yes  ____No  

1/17/07  
For further information or to fax, contact Cheryl Keiper at phone # 703-324-7691, fax # 703-222-9759.
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Do you have transportation to the group?   ____Yes   ____No

Are you court ordered to attend?   (Please circle appropriate response)   Mother:  yes / no   Father:  yes / no   Co-parent:  yes / no

How do you hope the Nurturing Program will help your family?

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Are you or your children working with other programs/agencies?   If so, please indicate:

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<tr>
<th>Family Member</th>
<th>Program/Agency</th>
<th>Contact Person</th>
<th>Phone</th>
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Please describe any concerns/problems you are experiencing with your children:

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

How did you hear about the Nurturing Parenting Program?

____Fairfax County Website (Self-Referral)   ____Phone inquiry (Self-Referral)   ____I am a Former Program Participant

____School Personnel name:______________________   phone:________________________

____Child Protective Services (CPS) worker name:___________________________________________   phone:________________________

____Family Preservation worker name:________________________________________________________________________   phone:________________________

____Foster Care and Adoption (FC&A) worker name:___________________________________________   phone:________________________

____Healthy Families worker name:________________________________________________________________________   Phone:________________________

____Family Resource Center name:_____________________________________________   Phone:________________________

____Community-based organization/non-profit agency: organization:___________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Contact person:_______________________________________________________________________________________

____Therapist name:_______________________________________________________________________________________   Phone:________________________

____Other Community Source: organization:___________________________   Phone:________________________

FOR OFFICE USE ONLY:

NP staff person completing phone screening:___________________________   Phone interview done with:___________________________

Phone screening date:___________________________   Relationship:___________________________

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