**Strengthening Families and Systems** registration form

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Participant Name:

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Address: your full address

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Phone:

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Email: please print clearly

Choose all that apply: [ ]  Birthparent [ ]  Adoptive parent [ ]  Foster parent

 [ ]  Relative Provider [ ] Community provider-role [ ] Other

Please Check the class you can attend.

1. [ ] Tuesday Night March 16th through May 4th, 2021 Round 34

What school do(es) your child(ren) attend?

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Do you have a child or are you working with a child who has had trauma exposure? If yes, please check all that apply:

[ ] Emotional abuse, [ ] Sexual abuse, [ ] Parental abandonment, [ ] Neglect, [ ] Domestic violence, [ ] Parental incarceration, [ ] Physical abuse, [ ] Parental AODA, [ ] Parental mental illness, [ ] Serious accident/illness, [ ] Traumatic death,

 [ ] System induced (i.e. removal from home, multiple moves, sibling separation)

 [ ] Other:

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Tell us what you would like to get out of this class and /or the reasons you are participating.

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What barriers do you anticipate there may be for you to participate in this class?

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If you experience a significant emotional response during the class and you need additional assistance, is there someone the trainers should contact?

Name and Number:

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Are there trauma triggers for you that the trainers should be aware of? Please check all that apply:

[ ] Emotional abuse, [ ] Sexual abuse, [ ] Parental abandonment, [ ] Neglect, [ ] Domestic violence, [ ] Parental incarceration, [ ] Physical abuse, [ ] Parental AODA, [ ] Parental mental illness, [ ] Serious accident/illness, [ ] Traumatic death,

 [ ] System induced (i.e. removal from home, multiple moves, sibling separation)

 [ ] Other:

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Have you received the trauma services brochure or an overview of the trauma parenting class? [ ]  Yes [ ]  No

Are you or the person you are referring coming to group voluntarily or mandated by someone? [ ] Voluntarily [ ] Mandated

Any other additional comments you would like to share:

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There is a $15.00 charge for participants that live outside of La Crosse County to cover for cost of materials/participant manual. Please contact Rhonda Rude for more details regarding payment at 608-789-4834 or email at rrude@lacrossecounty.org