

For Kids' Sake Registration Form
(Please print clearly and fill out completely)

Is there anyone you must not attend this class with? _____

Cause (case) #: _____

Date of class attendance: _____

Name: _____ DOB: _____

DL/ID Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Male: _____ Female: _____

Ethnicity: Caucasian _____ Hispanic _____ African American _____ Other _____

Payment Received:

Date: _____ Cash: _____ Money Order: _____

Credit/Debit Card: _____ Court Waiver: _____ (attach a copy of the court waiver)

Ages and Gender of Children ** (do not include names of children this is only for children that are on the cause/case for this class.)**

1st Child _____

2nd Child _____

3rd Child _____

4th Child _____

5th Child _____

6th Child _____

FKS (INSTRUCTOR) STAFF SIGNATURE: _____ DATE of CERTIFICATE: _____