

This form and the applicable fee, made payable to **A.C.T. ~ For the Children**, *must be* submitted in order to enroll unless you are seeking a scholarship. All information will be treated as **CONFIDENTIAL**.

Name _____

Address _____

_____ Zip _____

Phone (home) _____ / _____ (work)

(cell) _____ / _____ (fax)

E-Mail _____

Name of other parent: _____

Enroll Early! Class size is limited. Enrollment is on a first-come, first-serve basis. You must be available to attend both sessions within a class—you cannot choose a date from one class and a second date from another class.

2009 Calendar Year

Classes held on:

Mondays / Wednesdays from 12:30 p.m.–4:00p.m.
Saturdays from 9:00 a.m.–12:30 p.m.

Please check (✓) all dates that you are available to attend.

- | | |
|--|-------------|
| <input type="checkbox"/> January 10 and 17 | (Saturday) |
| <input type="checkbox"/> February 02 and 09 | (Monday) |
| <input type="checkbox"/> March 07 and 14 | (Saturday) |
| <input type="checkbox"/> April 06 and 13 | (Monday) |
| <input type="checkbox"/> May 09 and 16 | (Saturday) |
| <input type="checkbox"/> June 06 and 13 | (Saturday) |
| <input type="checkbox"/> July 22 and 29 | (Wednesday) |
| <input type="checkbox"/> August 17 and 24 | (Monday) |
| <input type="checkbox"/> September 19 and 26 | (Saturday) |
| <input type="checkbox"/> October 17 and 24 | (Saturday) |
| <input type="checkbox"/> November 09 and 16 | (Monday) |

You will receive a letter advising you of the dates of the class in which you are enrolled and the class location. You are not enrolled until you receive the confirmation letter.

Check (✓) as appropriate:

- Enclosed is a check or money order for the \$75.00 fee.
- If you are seeking a scholarship, call **(585) 428-1930** to request the scholarship application form.

CASH WILL NOT BE ACCEPTED

Checks or money orders are to be made payable to:

A.C.T. ~ FOR THE CHILDREN

There will be a \$27.50 fee for returned checks.

Referred by:

- Attorney Law Guardian Mediator
 Physician School Counselor Self

Other:

If referred by the Court, please insert Judge's name and complete information below.

Judge _____

Family Court Docket No. _____

Family Court File No. _____

Supreme Court Index No. _____

- I am hearing impaired and need the assistance of:
 interpreter assistive listening device

Please mail this form with check or money order to:

A.C.T. ~ For the Children
Attn: Program Administrator
545 Hall of Justice
Rochester, New York 14614

Questions? Please contact:

A.C.T. ~ For the Children
Program Administrator
(585) 428-1930
E-Mail: ACT@nycourts.gov

(Please complete questions on back.)

2009
Confidential Enrollment Form

Are you currently in danger of your partner or ex-partner doing any of the following:

1. Physically hurting you by, for example, pushing, grabbing, slapping, hitting, choking or kicking?
2. Threatening to hurt you, your children or someone close to you?
3. Stalking, checking up on you or following you?
4. Making you afraid?

Yes (You will be contacted by the program administrator. **Please indicate the safest way to contact you.**) _____

No (None of the above applies to me or I choose not to answer these questions at this time.)



A Certified
Parent Education Program
meeting the guidelines of the
New York State Parent Education
and Awareness Program