



Monroe County Bar Ctr. for Education
Telesca Center for Justice
One West Main Street
Rochester, NY 14614

Phone: 585/546-1817
E-mail: Act@mcba.org
Fax: 585/546-1807
Website: ActForChildren-Rochester.com

CONFIDENTIAL ENROLLMENT FORM - 2015

Name: _____

Address: _____
Street/P.O. Box City State Zip Code

Phone: _____
Home Cell Work

E-mail: _____ Fax: _____

Circle preferred method for receiving information: US Post Office Mail E-mail Fax

Class size is limited. Parents are enrolled in order that application is received. You cannot be placed in the same class as your child(ren)'s other parent. Name of Child(ren)'s Other Parent: _____

Class fee is \$75.00 and nonrefundable. Payment must be submitted for your enrollment to be complete.

Payment options:

(1) Check or money order for \$75.00 made payable to Monroe County Bar Center for Education (MCBCFE) A.C.T. ~ For the Children. Mail enrollment form with check to address above. You will be charged the fee for any checks returned due to insufficient funds.

(2) Credit Card (fill out the following information and your card will be charged \$75.00) (Mail or Fax as noted above):

Charge my (circle one): Mastercard Visa AmEx
Expires: _____ Security Code: _____
Account Number: _____
Cardholder's Signature: _____

(3) If you have financial hardship submit the Scholarship Application with the Enrollment Form. Scholarship Application can be found on the website or call or e-mail as noted above to have form sent to you.

2015 Class Dates (Circle date you prefer). Class Time: Noon - 4:30 PM (Mon); 9:00 AM - 1:30 PM (Sat)

January 26 (M) March 2 (M) April 6 (M) April 25 (S) May 18 (M) June 15 (M)
July 25 (S) August 17 (M) September 19 (S) October 19 (M) November 16 (M)

You will receive a confirmation e-mail or letter with date of class in which you are enrolled and location. You are not enrolled until you receive this confirmation. Registration is 1/2 hour before class.

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? OR (2) Threatening to hurt you, your children or someone close to you? OR (3) Stalking, checking up on you or following you? OR (4) Making you afraid? Please circle yes or no:

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.

If your case is in court:

Judge's Name _____
Family Court Docket Number: _____ Family Court File Number: _____
Supreme Court Index Number: _____