

KIDS' TURN EARLY YEARS WORKSHOP REGISTRATION FORM

1242 Market Street, 2nd Floor, San Francisco, CA 94102-4802

Phone: (415) 437-0700 or (800) 392-9239 Fax: (415) 437-0796 Email: kidsturn@earthlink.net

www.kidsturn.org

This form is to be completed by parents to register themselves for Kids' Turn. **EACH PARENT MUST FILL OUT HER OR HIS OWN REGISTRATION FORM(S).** In addition, please complete one child's registration form for each of your children. We will not sign up your child's other parent for your workshop but we do encourage the other parent to attend a similar program beginning on a separate date. Each parent who registers should complete a separate child's registration form for each child. In the event you child's other parent does not have copies of this registration form, please provide one for him or her, or request that one be sent. This form will not register your child(ren)'s other parent for his/her workshop. Please print or type your information and return this form and child(ren)'s forms with your payment.

Payment MUST accompany registration to reserve a space in the workshop.

Your Name: _____ Employer: _____
(First) (Last)
Address: _____ Occupation: _____
(Street)
_____ Home phone: () _____
(City) (Zip Code)
Ethnicity (Optional): _____ Work phone: () _____

E-mail Address: _____
Workshop for which you are applying Date: _____ City: _____
How were you referred to Kids' Turn? (Circle one or more and fill in additional information where appropriate.)
Attorney/Therapist _____ Pediatrician _____ Friend/Family Other _____
Family Court
Services/Judge _____ Advertisement _____
(Where?)

Name of other parent:
Name: _____ Employer: _____
(First) (Last)
Address: _____ Occupation: _____
(Street)
_____ Home phone: () _____
(City) (Zip Code)
Ethnicity (Optional): _____ Work phone: () _____

Would you be willing to attend the same session as your child(ren)'s other parent? ____ Yes ____ No
[In some cases, Kids' Turn may request that you attend different sessions.]

Name of your child(ren) who are 0-4 years old: _____ Name/ages of your children 4-17 years old: _____

Have you attended Kids' Turn for children 4-17 years old? ____ Yes ____ No
If yes, list date, location, names of children who attended _____

Length of marriage or cohabitation with this child's other parent: _____

Date of separation? [If not yet separated, state when you plan to separate] Month _____ Year _____

Is there currently any litigation concerning child custody or visitation? ____ Yes ____ No
If yes, please explain:

Has your family been involved with Child Protective Services: ____ Yes ____ No
If yes, please explain:

Restraining Order? ____ Current ____ Past ____ None

How have you been affected by this separation or divorce?

What do you hope to get out of attending this workshop?

Does your child's other parent have information about the workshop? ____ Yes ____ No

PARENT'S QUESTIONNAIRE

Date: _____ Parent Initials: _____

Please assist us in understanding more about your family's situation. We will later pair this information with an evaluation form to understand what you have gained from attending Kids' Turn. This information will remain confidential.

- 1. I have a good understanding of my child(ren)'s reactions to the separation/divorce.
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 2. I have open and effective communication with my child.
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 3. My child talks to me about his/her feelings, questions, and concerns regarding the separation/divorce.
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 4. I generally know how to respond when my child asks me difficult questions about the divorce or expresses his/her feelings about the divorce.
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 5. Communication with my child's other parent is difficult.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Please complete and return this form to the Kids' Turn office with your registration forms: 1242 Market Street, 2nd Floor, San Francisco, CA 94102

KIDS' TURN EARLY YEARS CHILD'S INFORMATION FORM

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Name of parent completing this form: _____

Child's Name: _____ Gender: _____ Boy _____ Girl

Child's Age: _____ Date of Birth: _____

Who typically cares for your child during the day?

Day care/Preschool (Name) _____

Friend/Relative _____ Other _____

Parent(s) _____

Approximately what amount of time does your child spend with each parent?

_____ with you _____ with other parent

Ethnicity (Optional) _____

Name(s) and age(s) of brother(s) and /or sister(s):

What are your observations of your child's reactions to this separation or divorce?

What most concerns you about your child at this time?

Please circle the response that most closely indicates the extent to which you agree or disagree.

1. I have a good understanding of my child(ren)'s reactions to the separation.
Strongly agree Agree Not really/Don't know Disagree Strongly Disagree
2. I feel confident about my ability to help my child cope with my separation/divorce.
Strongly agree Agree Not really/Don't know Disagree Strongly Disagree
3. My child's behavior has changed for the worse since the separation or divorce.
Strongly agree Agree Not really/Don't know Disagree Strongly Disagree
4. Communication with my child's other parent is difficult.
Strongly agree Agree Not really/Don't know Disagree Strongly Disagree
5. It is difficult for my child to adjust when going from one parent's home to the other.
Strongly agree Agree Not really/Don't know Disagree Strongly Disagree N/A