

(for office use only) Parent ID _____
(for parents only) Parent Initials: _____

KIDS' TURN PARENT 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
www.kidsturn.org kidsturn@earthlink.net

This form is to be completed by parents to register themselves for Kids' Turn. **EACH PARENT MUST FILL OUT HIS OR HER OWN REGISTRATION FORM(S).** In addition, **please complete one child's registration form for each of your children.** Each parent who registers should complete a separate child's registration form for each child. In the event your 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. ***PLEASE PRINT OR TYPE your information and return this form and child(ren)'s forms with a signed consent form and your payment.***

Ethnicity (Optional) _____ Occupation: _____ Employer: _____

Do you have any reasonable accommodation needs we should be aware of? _____

WORKSHOP FOR WHICH YOU ARE APPLYING: 1st Choice: DATE: _____ CITY: _____
2nd Choice: DATE: _____ CITY: _____

How were you referred to KIDS' TURN? (Circle one all that apply)

Judge Attorney Mediator Therapist Family Court Services School Friend Family Other _____

Is your family court ordered to attend Kids' Turn? Yes _____ No _____

Have you attended Kids' Turn before? (If yes, when?) Approximate Month _____ Year _____

ENROLLED CHILDREN MUST ATTEND ALL SIX SESSIONS WITH THEIR ENROLLED PARENT(S).

How many years did you and your child(ren)'s other parent live together? _____

What is the approximate date you and your child's other parent stopped living together? Month _____ Year _____
[Families cannot attend Kids' Turn before separation takes place.]

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 (R.O. or T.R.O.)? _____ Current _____ Past _____ None (If you checked "current" or "past" please provide KidsTurn with the R.O. or T.R.O. documents).

[Parents with a current restraining order should attend separate workshops, unless the restraining order allows for peaceful contact for the purpose of dealing with custodial arrangement, or unless the restraining order can safely be altered to permit attendance at Kids' Turn.]

Is there or has there been domestic violence in your home? _____ yes _____ no

If yes, please explain:

How have you been affected by this separation or divorce?

What do you hope to get out of attending the parent's 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