



Strengthening Families in La Paz County!

ENTRANCE FORM / DEMOGRAPHIC INFORMATION

Please complete the following information for the adults registering for the program.

Please print clearly. Once completed, return to Parker Area Alliance for Community Empowerment (PAACE) or email completed form to raquel.paace@gmail.com or bartz.paace@gmail.com.

Parent / Guardian Name(s)	Age:	Sex (M/F)	Ethnicity:	Relation to youth:
Address:				
City:		State:		Zip Code:
Cell Telephone:		Home Phone:		
Email:				
Emergency Contact:		Emergency #:		
Do you speak English, Spanish, or both?		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Both		
Will you need transportation?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Maybe		

CHILDREN DEMOGRAPHIC INFORMATION

Please complete the following information for all children living in your household:

Child's Name (First and Last Name)	Age	Sex M/F	Ethnicity	Will they attend? (Y/N)	Will they be in Daycare? (Y/N)

Parker Area Alliance for Community Empowerment – Parenting Program
1309 W. 9th Street Parker, Arizona 85344
(928) 669 - 0175