

Pennyrile Allied Community Services  
COMMUNITY COLLABORATION FOR CHILDREN  
PARENT EDUCATION PROGRAM

Participant's Name(s): \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Children's Name	Age/Grade Level	Special Needs

Desired outcome after parenting class:

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Family's parenting needs: (Check all that apply)

- Discipline/logical consequences
- Realistic expectations of children
- Communication
- How to play with your child
- Child boundaries/safety concerns
- Engaging Teens
- Managing problem behaviors
- Picking your battles
- Drug and/or Alcohol use/abuse
- Sexual Issues
- Motivating children to go to school, take prescription medication, etc.
- Anger management/emotional expression control

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Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Please Fax To (270) 707-9737 c/o Jessica Boyd***