

**Parent Mentoring and Support Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**Information about child(ren) with a disability in your home: (required for grant funding)**

DOB: \_\_\_\_\_ Type of Disability: \_\_\_\_\_ Race: \_\_\_\_\_

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If you are attending an evening session, do you require respite services? \_\_\_ Yes \_\_\_ No

**Select the class you will be attending:**

\_\_\_ Session 1 Oct 2015 – Dec 2015, Tuesday 5:30 – 8:30 p.m. (10/6, 10/20, 11/3, 11/17, 12/1, 12/15)  
Location: Woodland Community Church

\_\_\_ Session 2 Oct 2015 – Dec 2015, Thursday 10 a.m. – 1 p.m. (10/1, 10/15, 10/29, 11/5, 11/19, 12/3)  
Location: Family Partnership Center

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**Parent Mentoring and Support Program**

Acknowledge and Release to County: **Manatee**

I acknowledge that the program services received by my child and/or family provided by Family Network on Disabilities of Manatee/Sarasota, Inc., is funded in part by the Manatee County Government. I understand that the program records relating to this service may be public record under Chapter 119, Florida Statutes. I therefore release to Manatee County Government such program records that may be required for purposes of monitoring and evaluating these services.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name