Parent registration form

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| Individual registration number | *Number generated by the project database* |
| Date of registration |  |
| Location |  |
| Family name |  |
| First name |  |
| Gender | ☐ Female ☐ Male ☐ Other |
| Age |  |
| Phone number |  |
| Number of children (aged 0–18) in the household |  |
| Total number of people living in the household |  |
| Marital status | ☐ N/A ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Other: |
| Impairment or disability? Visual, hearing, physical, verbal, intellectual | ☐ Yes, description: ☐ No |
| Medical conditions that staff should know about? | ☐ Yes, description: ☐ No |
| Other special needs that staff should know about? | ☐ Yes, description: ☐ No |
| Name of partner/spouse who is participating in the Parenting group |  |
| Number of adolescent(s) enrolled in the Life Skills programme |  |
| Name(s) of adolescent(s) enrolled in the Life Skills programme |  |
| This form was completed by: | Staff name: Date: |