



Flagstaff Phoenix Tucson
 4520 N. Central Ave Suite 250
 Phoenix, AZ 85012
 602) 264-6768



2015-2016 Participant Enrollment

Cycle #: _____ **Site:** Phoenix Tucson Flagstaff

Participant Name: _____ Date: _____

Address: _____ Ethnicity _____

City: _____ State: _____ Zip: _____ Sex: _____

Phone Number/Message: _____ Email Address: _____

Children/Youth in your care:

Name	Relationship	Age	Gender	Tribe

How many children will enroll in childcare? _____

How did you Learn about the Program? Flyer Email From a Friend Meeting Other
 Other Please specify: _____

Eligibility	1	Are you a primary care-giver for an American Indian/Alaska Native Youth age 0-17?	Yes	No
	2	Is this the first time that you will take Parenting 2 Worlds?	Yes	No
	3	Did you take the Healthy Families in 2 Worlds Curriculum?	Yes	No

This document affirms your desire to register for the Urban American Indian Parenting Project to be held at a site in your community. These workshops are intended to help raise American Indian youth in an urban environment and the opportunity to be a part of community-based curriculum for American Indian families.

Participant Signature _____

Date _____

Project Specialist Verification Signature _____

Verified by Phone Email In Person

