



Phoenix Indian Center  
4520 N Central Ave #250  
Phoenix, AZ 85012  
(602) 264-6768



Cycle # \_\_\_\_\_ Participant Enrollment Location: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Race (check all that apply):

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

American Indian  
Afr American  
Native Hawaiian  
Asian  
White  
Other

Ethnicity: Hispanic / Latino  
non-Hispanic / Latino

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?	<input type="checkbox"/>	<input type="checkbox"/>
	2	Is this the first time that you will take Parenting 2 Worlds?	<input type="checkbox"/>	<input type="checkbox"/>
	3	Did you take the Healthy Families in 2 Worlds Curriculum?	<input type="checkbox"/>	<input type="checkbox"/>

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

