

West Texas Counseling & Guidance  
For Kids' Sake Program

For Kids' Sake Registration Form: (Please print clearly and fill out completely)

Is there anyone you must not attend this class with? \_\_\_\_\_

Cause (CASE) #: \_\_\_\_\_

Date of class attendance: \_\_\_\_\_

Name as it appears on (CASE #): \_\_\_\_\_ DOB: \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Ethnicity: Caucasian: \_\_\_\_\_ Hispanic: \_\_\_\_\_ African American: \_\_\_\_\_ Other: \_\_\_\_\_

**PAYMENT RECEIVED METHOD: NO CASH OR CHECKS ACCEPTED**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Money Order: \_\_\_\_\_ Credit Card / Debit Card: \_\_\_\_\_

CC #: \_\_\_\_\_ AP #: \_\_\_\_\_ Correspondence Fee (**FEE \$5.00**): \_\_\_\_\_

Court Approved Waiver: \_\_\_\_\_ (ATTACH A COPY OF THE COURT WAIVER)

Ages and gender of children \*\*\*\* (do not include names of children, this is only for children that are on the cause / case for this class).

1<sup>st</sup> Child: Gender \_\_\_\_\_ Age \_\_\_\_\_

2<sup>nd</sup> Child: Gender \_\_\_\_\_ Age \_\_\_\_\_

3<sup>rd</sup> Child: Gender \_\_\_\_\_ Age \_\_\_\_\_

4<sup>th</sup> Child: Gender \_\_\_\_\_ Age \_\_\_\_\_

5<sup>th</sup> Child: Gender \_\_\_\_\_ Age \_\_\_\_\_

6<sup>th</sup> Child: Gender \_\_\_\_\_ Age \_\_\_\_\_

FKS STAFF SIGNATURE: \_\_\_\_\_ Date of Certificate: \_\_\_\_\_