

# La Vida Life Counseling Center

162 N. Glassell Street, Suite C, Orange, CA 92866

714-883-9156

## Parenting Classes ~ CLIENT INFORMATION

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  M  F

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SINGLE  DIVORCED  SEPARATED  WIDOWED

SPOUSE NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### EMPLOYER INFORMATION

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### IN CASE OF EMERGENCY

NAME OF FRIEND/ RELATIVE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### REASON FOR TAKING PARENTING CLASSES

\_\_\_\_\_  
\_\_\_\_\_

### DATE(S) AND TIME(S) AVAILABLE

\_\_\_\_\_  
\_\_\_\_\_

NAME OF CLIENT: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## CLASS RULES

1. Confidentiality first. What is said in class, remains in class.
2. Exceptions to confidentiality: child abuse, elder abuse, suicide/homicide, subpoena, etc.
3. Share feelings and experiences but not advice
4. Accept each other without making judgement
5. Listen to each other
6. Avoid interrupting or having side conversations
7. Silence all cell phones/electronic devices
8. Have a positive attitude
9. Be on time (allowed to be 10 min late)
10. Be respectful and sensitive to others
11. Be supportive and encouraging of each other
12. Keep drinks in closed containers
13. Breaking these rules may result in permanent dismissal of the program

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Name of Participant

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Signature of Participant

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Date