
CHILD IMPACT PROGRAM REGISTRATION

Court Docket or Case Number _____ Name of Court _____

Your Name _____ Phone # _____

Mailing Address _____
Street City State Zip

We require co-parents to attend separate classes – you may not attend the same class as your co-parent.

What is the name of your co-parent _____

Is there a history of domestic violence or restraining orders? No Yes

Do you need a Foreign Language Interpreter? No Yes If yes, what language? _____

Do you need a Sign Language Interpreter? No Yes

Do you require special services for a disability? No Yes If yes, please explain _____

Class sizes are limited and usually fill up 4-6 weeks in advance. If none of your class choices are available, your registration will be returned to you.

Class Date Choices: _____
1st choice 2nd choice 3rd choice

There will be an additional charge of \$25 for those having to reschedule their class more than once.

YOU WILL BE NOTIFIED BY MAIL OF YOUR CLASS PLACEMENT.

The Program Fee is \$85.00 and must accompany this registration form.

If you receive State assistance (EBT, TANF, Medicaid, housing assistance, etc...) you are eligible for the reduced fee of \$50.00. Send the \$50.00 along with proof of the State assistance your receive with this registration form.

Amount Enclosed: \$ _____

Class Location:
100 West Pearl Street, Nashua, 03060

By Check:
Payable to: **GNMHC**

By Credit Card:
Circle one: Master Card Visa AMEX Discover

Card # _____

Expiration Date _____ V-code (for Discover) _____

Signature _____ Date _____

Return this form with payment to:
Child Impact Program
GNMHC
15 Prospect Street
Nashua, NH 03060

Or Fax to: 603-594-9649

Or Email as an attachment to:
childimpactprogram@GNMHC.org