**Circle of Security Registration Form**

*(complete one for each person in the class)*

**Name of Participant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address, City, State, Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Birthdate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** \_\_\_\_\_Male \_\_\_\_\_\_Female Other \_\_\_\_\_\_ Prefer Not to Say \_\_\_\_\_\_

**Ethnicity:** \_\_\_\_\_Hispanic/Latino \_\_\_\_\_Not Hispanic/Latino Prefer Not to Say \_\_\_\_\_\_

**Race:**

\_\_\_\_\_White \_\_\_\_\_Asian \_\_\_\_\_Black or African American \_\_\_\_\_American Indian/Alaskan Native

\_\_\_\_\_\_Native Hawaiian or Other Pacific Islander Prefer Not to Say \_\_\_\_\_\_ Other?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a military family? \_\_\_\_\_**Yes \_\_\_\_\_No Prefer Not to Say \_\_\_\_\_\_

**How many children do you have? \_\_\_\_\_\_\_\_**

**What are the ages of your children? *(please check all that apply)***

\_\_\_\_\_Infant/Toddler (Newborn to Age 3)

\_\_\_\_\_Preschool (Ages 3 to 5)

\_\_\_\_\_Kindergarten

\_\_\_\_\_School Age

**What is your age? \_\_\_\_\_**Under 19 \_\_\_\_\_19-30 \_\_\_\_\_31-50 \_\_\_\_\_51 or older

**Are you?** \_\_\_\_\_parent \_\_\_\_\_grandparent \_\_\_\_\_foster parent \_\_\_\_\_\_partner \_\_\_\_\_guardian Other\_\_\_\_\_\_\_\_\_

**Are you attending the class with someone else?** \_\_\_\_\_Yes \_\_\_\_\_\_No

By signing this form, I authorize H3C and its Circle of Security facilitator to release participant attendance information to the Department of Health and Human Services, if applicable.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Facilitator or Central Navigator to Fill Out:***

Class Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship? \_\_\_\_\_\_\_\_ Community Response? \_\_\_\_\_\_\_\_ Behavioral Health Prevention? \_\_\_\_\_\_\_\_