



## The Parenting Journey Facilitator Training Registration

**I will be signing up for :**     **Parenting Journey I Facilitator Training November 14-18, 2011  
New York City Location**

Name:	Today's Date:																			
Title/Position:	Organization/Agency:																			
Work Address:																				
City:	State:	Zip Code:																		
Work Phone:	Work Fax:	Work Email:																		
Supervisor's Name:		Supervisor's Title:																		
Supervisor's Work Phone:		Supervisor's Work Email:																		
<p><b>1. How did you learn about the training?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Family Center Staff Member</td> <td><input type="checkbox"/> Family Member/ Relative</td> </tr> <tr> <td><input type="checkbox"/> Family Center Open House</td> <td><input type="checkbox"/> Friend(s)</td> </tr> <tr> <td><input type="checkbox"/> Family Center Family Day</td> <td><input type="checkbox"/> Religious Institution</td> </tr> <tr> <td><input type="checkbox"/> The Parenting Journey Training Institute Staff Member</td> <td><input type="checkbox"/> Newspaper/ Advertisement</td> </tr> <tr> <td><input type="checkbox"/> Information Session</td> <td><input type="checkbox"/> DCF</td> </tr> <tr> <td><input type="checkbox"/> Website: _____</td> <td><input type="checkbox"/> ACS</td> </tr> <tr> <td><input type="checkbox"/> Webinar: _____</td> <td><input type="checkbox"/> Conference: _____</td> </tr> <tr> <td><input type="checkbox"/> Agency: _____</td> <td><input type="checkbox"/> Court: _____</td> </tr> <tr> <td><input type="checkbox"/> School: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Family Center Staff Member	<input type="checkbox"/> Family Member/ Relative	<input type="checkbox"/> Family Center Open House	<input type="checkbox"/> Friend(s)	<input type="checkbox"/> Family Center Family Day	<input type="checkbox"/> Religious Institution	<input type="checkbox"/> The Parenting Journey Training Institute Staff Member	<input type="checkbox"/> Newspaper/ Advertisement	<input type="checkbox"/> Information Session	<input type="checkbox"/> DCF	<input type="checkbox"/> Website: _____	<input type="checkbox"/> ACS	<input type="checkbox"/> Webinar: _____	<input type="checkbox"/> Conference: _____	<input type="checkbox"/> Agency: _____	<input type="checkbox"/> Court: _____	<input type="checkbox"/> School: _____	<input type="checkbox"/> Other: _____
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<p><b>2. I am planning to lead or co-lead a Parenting Journey I group in the next 6 months</b></p> <p style="text-align: center;">Yes <input type="checkbox"/>    No <input type="checkbox"/>    Don't Know <input type="checkbox"/></p>																				
<p><b>3. What is the <i>HIGHEST</i> level of school that you have completed?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Elementary/Fundamental/Primary</td> <td><input type="checkbox"/> Technical School</td> </tr> <tr> <td><input type="checkbox"/> High School/Secondary School/Intermediate</td> <td><input type="checkbox"/> College/University</td> </tr> <tr> <td><input type="checkbox"/> Graduate School/Advanced Degree</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Elementary/Fundamental/Primary	<input type="checkbox"/> Technical School	<input type="checkbox"/> High School/Secondary School/Intermediate	<input type="checkbox"/> College/University	<input type="checkbox"/> Graduate School/Advanced Degree	<input type="checkbox"/> Other: _____												
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<p><b>4. Please describe your experience facilitating groups</b></p> <p><input type="checkbox"/> Not at all experienced</p> <p><input type="checkbox"/> Somewhat experienced</p> <p><input type="checkbox"/> Very experienced</p> <p><b>4a. If you have facilitated groups before, which curriculum(s) have you used?</b> _____</p> <p>_____</p>																				

<p>5. Have you ever led or co-led a Parenting Journey group? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>
<p>6. Have you ever been trained in the Parenting Journey before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6a. If yes, please identify how you've used your Parenting Journey training (<i>check all that apply</i>)</p> <p><input type="checkbox"/> Lead or co-lead a Parenting Journey I group. Was this within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Supervised a Parenting Journey I group. Was this within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other: _____</p>
<p>7. Will you implement the Parenting Journey in a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>7a. If Yes, what language(s)? _____ _____ _____</p>

### **Training Fee: \$650.00 per Participant**

*This intensive five-day training includes breakfast, lunch, a copy of the Parenting Journey curriculum, program materials as well as on-site and telephone consultation.*

***In order to ensure your space, payment must be received on or before Friday, November 4<sup>th</sup> 2011.***

*Checks payable to The Family Center Inc.*

	Yes	No	N/A
<b>8. Do you require an invoice or purchase order? (We will be happy to provide one.)</b>			

***Please submit your completed registration form, to The Parenting Journey Training Institute***

***By fax 212-528-7355***

***By email: [parentingjourneyinstitute@live.com](mailto:parentingjourneyinstitute@live.com)***

*For any further questions regarding the training, please call Carolina Grynbal at: 212-430-5909*

***Note:***

*All participants enrolled in the 5-day training are **required** to attend all 5 days in order to graduate.*

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*The Parenting Journey Training Institute  
80 Maiden Lane, Suite 606  
New York, New York 10038*