



Phoenix Indian Center
 4520 N Central Ave #250
 Phoenix, AZ 85012
 (602) 264-6768



Cycle # _____ Participant Enrollment Location: _____

Participant Name: _____ Age: _____ Sex: _____ Date: _____

Address: _____ Race (check all that apply):

City: _____ State: _____ ZIP: _____

- American Indian
- Afr American
- Native Hawaiian
- Asian
- White
- Other

Phone: _____ Email: _____

Ethnicity: Hispanic / Latino
 non-Hispanic / Latino

Children/Youth in your care: Yes

Name	Relationship	Age	Gender	Tribe

How many children will enroll in childcare? _____

How did you Learn about the Program? Flyer Email From a Friend Meeting Other

Other Please specify: _____

Eligibility	1	Are you a primary care-giver for an American Indian/Alaska Native Youth age 0-17?	<input type="checkbox"/>	<input type="checkbox"/>
	2	Is this the first time that you will take Parenting 2 Worlds?	<input type="checkbox"/>	<input type="checkbox"/>
	3	Did you take the Healthy Families in 2 Worlds Curriculum?	<input type="checkbox"/>	<input type="checkbox"/>

This document affirms your desire to register for the Urban American Indian Parenting Project to be held at a site in your community. These workshops are intended to help raise American Indian youth in an urban environment and the opportunity to be a part of community-based curriculum for American Indian families.

Participant Signature _____

Date _____

Project Specialist Verification Signature _____

Verified by Phone Email In Person

