

Practical Parent Education

2300 W. White Ave., Suite 102

McKinney, TX 75071

972.423.6262 or 877.340.6262

For Kids' Sake Facilitator Training Registration Form

Date of Training: _____

Participant Name(s): _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Telephone: () _____ FAX: () _____ E-mail: _____

Billing Information: Training fee - \$500.00

Please Choose One: Registration will not be processed without payment or purchase order.

_____ Payment enclosed; make check payable to Practical Parent Education

_____ Please bill me for registration fees, purchase order number _____

Please FAX this form to: 888.789.3684; or mail to:

Practical Parent Education

Attn: Ellen Rusch

2300 W. White Ave., Suite 102

McKinney, TX 75071

**If you have any questions, please call 972.423.6262 or 877.340.6262, or
Email: ppe@practicalparent.org .**

For Kids' Sake
New License Application

Program Name _____

Program Facilitator:

Name _____

Mailing Address _____

Phone _____ Fax _____

Email address _____

Court(s) served (include city and county, e.g. 219th District Court,
McKinney, TX, Collin County)

1. _____

2. _____

3. _____

Class Location _____

Number of classes offered per month _____

Additional Facilitators:

Name _____

Qualifications (degrees, certifications, etc.) _____

PPE Trained? Yes _____ No _____

Name _____

Qualifications _____

PPE Trained? Yes _____ No _____

Name _____

Qualifications _____

PPE Trained? Yes _____ No _____

Please copy this form to list additional facilitators.