

# For Kids' Sake

## Facilitator Training Registration Form



A PPE representative will contact you with the best day to schedule the online webinar for you. If you do not receive an email confirmation or call within 48 hours of submitting your registration form, please contact us at 877.340.6262 x106 or email [ppe@practicalparent.org](mailto:ppe@practicalparent.org).

**Participant Name(s):**

Affiliation: \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Billing Address** (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Billing Information:**

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

Training fee - \$500 per facilitator

\_\_\_\_\_ 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: Mary Schwartzkopf  
2300 W. White Ave., Suite 102  
McKinney, TX 75071

*If you have any questions, please call 972-423-6262 or 877-340-6262, or E-mail: [ppe@practicalparent.org](mailto: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. 219<sup>th</sup> District Court, McKinney, TX, Collin County)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Class Location \_\_\_\_\_

Number of classes offered per month \_\_\_\_\_

**Additional Facilitators:**

Name \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualifications (degrees, certifications, etc.) \_\_\_\_\_

\_\_\_\_\_

PPE Trained? Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualifications \_\_\_\_\_

PPE Trained? Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualifications \_\_\_\_\_

PPE Trained? Yes \_\_\_\_ No \_\_\_\_

*Please copy this form to list additional facilitators.*