



One Community One Family

Incredible Years Application Form

Date of Application: _____

Applicant's Name:

Name: _____ Phone Number: _____

Address: _____

Street

City

Zip Code

County (Circle): **Ripley Dearborn Decatur Jennings Jefferson Franklin Switzerland Ohio**

Names and ages of children: _____

Availability (circle all that apply): **Morning Afternoon Late-afternoon** (last class starts no later than 5pm)

Please note available days: _____

Referring individual or agency (if applicable):

Name of individual/agency: _____ Phone Number: _____

Address: _____ Email: _____

Reason for interest in The Incredible Years:

Please check The Incredible Years program you are interested in:

- Parents and Babies Program, age 0-12 months (8-10 weekly, 2-hour group sessions)
- Parents and Toddlers Program, ages 1-3 years (12-13 weekly, 2-hour group sessions)
- BASIC Parent Training Program, Preschool/Early Childhood, ages 3-6 years (14-16 weekly, 2-hour group sessions)

**If you are unable to attend group sessions please call 1-877-967-OCOF (6263) for other possible options to receive our services.*

Enrollment Consent:

I authorize the content in this form to be provided to One Community One Family for enrollment purposes only.

Signature of applicant: _____ Date: _____

Signature of referring individual/agency: _____ Date: _____

Please fax or email application to One Community One Family: fax (812-532-3439), email: OCOF@oncommunityonefamily.org

For additional program information call One Community One Family at 1-877-967-OCOF (6263)