Greater Nashua Greater Nashua Mental Health Child, Adolescent & Family Services Mental Health Mental Health Child, Adolescent & Family Services Phone: 603-889-6147 • Fax: 603-594-9649 childimpactprogram@gnmhc.org www.gnmh.org						
		CHILD IMPAC	T PROGRAM	REGISTRATION		
Court Docket or Case Number			Location of Court (town)			
Your Name				Phone #		
Mailing Address						
	Street			City	State	Zip
Email address if you wo	uld prefer this	method of contac	ct:			
We require co-parent	s to attend s	eparate classes	– you may i	not attend the same	e class as your co-p	oarent.
What is the name of yo	ur co-parent?					_
Is there a history of dor	nestic violence	e or restraining or	ders? No	Yes		
Do you need a Foreign Language Interpreter? No			Yes If	yes, what language?		
Do you need a Sign Lan			Yes			
Do you require special s	services for a o	lisability? No	Yes If y	ves, please explain		
Class sizes are limite of getting the class the Class Date Choices:	hat you want			nd choice		choice
				YOUR CLASS PLAC		
The Program Fee is \$ If you receive need-bas \$50.00. Send the \$50. Amount Enclosed: \$_	85.00 and m ed assistance 00 along with	u st accompany (EBT, TANF, Medi	this registra caid, housing tance you rec Ple un	tion form. assistance, etc) yo	u are eligible for the ation form. ses will remain re You will receive a	emote a link to
By Check:	By Credit	Card:				
Payable to: <u>GNMH</u>	Circle one:	Master Card	Visa	AMEX Discover		
	Card #					
	Expiration I	Expiration Date V-code (on back)				
	Signature _			Da	te	
Return this form with payment to: Or Fax to: 6 Child Impact Program GNMH 15 Prospect Street Nashua, NH 03060		603-594-964		as an attachment to: allp@gnmhc.org		