



**Greater Nashua Mental Health**  
**Child, Adolescent & Family Services**  
 Phone: 603-889-6147 ♦ Fax: 603-594-9649  
 childimpactprogram@gnmhc.org  
 www.gnmh.org

**CHILD IMPACT PROGRAM REGISTRATION**

Court Docket or Case Number \_\_\_\_\_ Location of Court (town) \_\_\_\_\_

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address if you would prefer this method of contact: \_\_\_\_\_

**We require co-parents to attend separate classes – you may not attend the same class as your co-parent.**

What is the name of your co-parent? \_\_\_\_\_

Is there a history of domestic violence or restraining orders? No Yes

Do you need a Foreign Language Interpreter? No Yes If yes, what language? \_\_\_\_\_

Do you need a Sign Language Interpreter? No Yes

Do you require special services for a disability? No Yes If yes, please explain \_\_\_\_\_

**Class sizes are limited and usually fill up 4-6 weeks in advance. The earlier you register, the better the chances of getting the class that you want.**

Class Date Choices: \_\_\_\_\_  
 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

**YOU WILL BE NOTIFIED BY MAIL OF YOUR CLASS PLACEMENT.**

**The Program Fee is \$85.00 and must accompany this registration form.**

If you receive need-based assistance (EBT, TANF, Medicaid, housing assistance, etc...) you are eligible for the reduced fee of \$50.00. Send the \$50.00 along with proof of the assistance you receive with this registration form.

Amount Enclosed: \$ \_\_\_\_\_

**Class Location:**  
 100 West Pearl Street, Nashua, 03060

<b>By Check:</b>  Payable to: <b>GNMH</b>	<b>By Credit Card:</b>  Circle one:    Master Card    Visa    AMEX    Discover  Card # _____  Expiration Date _____ V-code (on back) _____  Signature _____ Date _____
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**Return this form with payment to:**  
**Child Impact Program**  
**GNMH**  
**15 Prospect Street**  
**Nashua, NH 03060**

**Or Fax to: 603-594-9649**

**Or Email as an attachment to:**  
**marshallp@gnmhc.org**