



Participant Registration Form

Legal Last Name: _____ Legal First Name: _____ Middle Name: _____

Primary Language/Secondary Language: _____

Address: _____

City: _____ County of Residence: _____ State: CA Zip: _____

Home Number: _____ Cell Number: _____

E-Mail Address: _____

Preferred Method of Contact (Check One): Home Phone Cell Number Email Address

If you are an Approved Resource Parent or Applicant, check appropriate box:

Approved Resource Parent/Family: A Resource Parent who has completed the approval process through either the county or a Foster Family Agency (FFA).

Resource Family Applicant: An individual who has begun the approval process by submitting an application and/or attending an orientation.

If you are not an Applicant or Approved Resource Parent, check one box below:

Licensed Foster/Adoptive Parent: A state licensed foster parent or adoptive parent who has not converted to the new RFA approval process.

Foster Family Agency Staff: A person who works for an approved Foster Family Agency.

Informal Relative: A caregiver who is not required to attend RFA mandated training.

Short Term Residential Therapeutic Program Staff (Previously Group Home):

A person who works in a STRTP home (previously Group Home) with foster children or youth.

Kinship Care Provider (Formal): A caregiver required to attend RFA training but has not begun the new RFA approval process.

Other: Any other individual who does not identify with the participant categories listed above.
Please Specify:

Non-Related Extended Family Member: A caregiver required to attend RFA training but has not begun the new RFA approval process.

County Social Services Staff: A person who works for the County Social Services Department

County Probation Staff: A person who works for the County Probation Department, such as a probation officer.

Privacy Statement

Information on this form will assist the college in keeping accurate records of the services provided by the community college Foster and Kinship Care Education Program. Statistical data may be reported to funding agencies. It will also help the college keep you informed of upcoming classes and events within the FKCE program at your local community college. Your name, address, phone number and email address will remain confidential. No unauthorized person will have access to your information. Your information and training records will remain in the program database for up to 5 years.

If you would like to be notified of future FKCE classes offered at this college, please check this box

Yes, please add me to your e-mail list for future FKCE class notifications and/or other related events and use my contact information (above) to do so.