



Lyon County Human Services

1075 Pyramid Street, Silver Springs, Nevada 89429
775-577-5009, Fax 775-577-5093

Parenting Class Registration Form

Part 1: Please complete the following:

Name: _____

Address: _____ City: _____

Phone: _____ Cell: _____

Email: _____ Preferred method of contact? _____

Who referred you? Self _____ Court _____ CPS _____ Other _____

Number of children: _____ Ages: _____

Demographics: Optional

Male Female Race: _____ Ethnicity: Hispanic Non-Hispanic

Income: \$ _____

Part 2: Which class are you registering to attend?

Location: Dayton Fernley Silver Springs Yerington Date: _____

Title of Class(s): _____

Part 3: Read and initial the following:

_____ Arrive on time: No admittance after 15 minutes.

_____ Please do not bring children to class. Children may not be unattended in the building while parents are in class.

Complete this form to register. Fax, mail, or appear in person to any LCHS office.
Make forms attention to Anna Coons. Address: P.O. Box 1141, Silver Springs, NV 89429
FAX: 775-577-5093