



CLASS REGISTRATION FORM

Name: _____

Street address: _____

City, State, ZIP: _____

Email: _____

Phone number with area code: () _____

Do you need childcare: _____ Yes _____ No If Yes, Ages : _____

I need Growing Futures credits: _____ Yes _____ No Foster Care Hours _____ Yes _____ No

Please note: Class sizes are limited! Returning this form does not guarantee you a spot in class. You will receive a phone call to confirm space availability.

Email/mail this form to: parentresource@dpsnd.org OR

Stacy Kilwein
444 4th St. West
Dickinson ND, 58601
skilwein@dpsnd.org



West Dakota Parent & Family Resource Center

402 4th Street West
Dickinson ND 58601
Phone: 701-456-0007
www.westdakotaparent.org

