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KIDS' HARBOR TOO
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Parenting Class Referral Form

Today's Date: [Click here to enter a date.](#)

Multidisciplinary Team Information

Referring Team Member: Email:

Phone: Referral Agency: County: **Select** Other:

Reason for referral:

What would you like to see the parents learn from the class?

Judge:
 Phone: Email:

Juvenile Office:
 Phone: Email:

Children's Division Caseworker:
 Phone: Email:

Law Enforcement:
 Phone: Email:

Guardian Ad Litem:
 Phone: Email:

Is this referral due to: Court Order Volunteer or Mandatory by CD/JO

Parent's Information

Biological Mother: DOB: Step-father/Paramour:

Address: Phone: Race: **Select**

Biological Father: DOB: Step-mother/Paramour:

Address: Phone: Race: **Select**

Diagnosis of Parent: Income:

Have parents ever attended a parenting class before: No Yes If yes, when

Child Information

Child One: **DOB:** **Age:** **Gender:** M F
Race: **Select** **Diagnosis of Child:** **Development/Behavior Concerns:**

Child Two: **DOB:** **Age:** **Gender:** M F
Race: **Select** **Diagnosis of Child:** **Development/Behavior Concerns:**

Child Three: **DOB:** **Age:** **Gender:** M F
Race: **Select** **Diagnosis of Child:** **Development/Behavior Concerns:**

Child Four: **DOB:** **Age:** **Gender:** M F
Race: **Select** **Diagnosis of Child:** **Development/Behavior Concerns:**

Child Five: **DOB:** **Age:** **Gender:** M F
Race: **Select** **Diagnosis of Child:** **Development/Behavior Concerns:**

Are family members in counseling Y N Who do the kids live with:

Child Abuse or Neglect History: Assessments Investigations Referrals Removals

KH Use Only

Food Allergies: Parents/Kids

Food Options

Sent Enrollment Letter/ Certificate : **Attendance Percent**
Pretest Posttest

Follow Up: 3 months/ 6 months/ 1 year/ 2 years

Grant Statistics:

