Youth/Parent Cognitive Lifeskills for Home Study

May 2020 – August 2020

Course Description: This researched and evidence-based course is equivalent to a 12-plus hour classroom course and is a powerful and unique cognitive lifeskills program. This is the ultimate parenting workbook, because it focuses on the really deep issues behind parent/child conflicts and self-defeating thoughts and behaviors. It is for all youth ages 12-18 and their parent(s). The youth's parent(s) or guardian acts as a "coach" and completes the workbook with their child. The YPCL/HS workbook does not blame, but brings both together in an attitude of healing, hope and optimism. The YPCL/HS is a workbook that any child and parent could benefit from. This course is designed to help parents and youth in their personal improvement, and it is particularly effective because it allows for open discussion and communication between parent and child. The cognitive lifeskills that are taught can be used in all aspects of life and include sections on anger management, underage drinking, tobacco use, parenting, validation, truancy, theft, drug possession, peer pressure, and communication.

This workbook is available in both English and Spanish versions.

Cost: The cost of this course is $65. There are no refunds once the Home Study workbook has been issued/mailed.

Registration: Registration must be handled directly through the Intervention Programs office using one of the methods listed below. Full registration conditions and registration form are located on the back of this form. Students are required to register and pay prior to the Home Study workbook being issued or mailed.

Enrollment Eligibility Notice: Students with outstanding obligations to Amarillo College may not be allowed to enroll in or complete a continuing education course until the obligations are fulfilled. Students who have received a Criminal Trespass Warning from Amarillo College will not be allowed to enroll in courses held on any AC campus unless the warning has been lifted.

Completion: Students must complete and return the Home Study workbook within 30 days of receipt of payment, or they will be required to register and pay again. A Certificate of Completion will then be mailed within two weeks.

Questions: For questions regarding our programs, call (806) 356-3649 or (806) 354-6083 or e-mail rrdominguez@actx.edu. Se habla español. You may also visit us online at www.actx.edu/intervention.

Read the Registration Conditions and complete the Registration Form on the back of this form, and then use one of the following accepted registration methods:

Mail Registration
• Complete the registration form, enclose check or credit/debit card information, and mail to:
  AMARILLO COLLEGE
  INTERVENTION PROGRAMS
  PO BOX 447
  AMARILLO TX 79178

FAX Registration
• Complete the registration form, include credit/debit card information, and fax to: Intervention Programs, (806) 354-6074.

In-Person Registration
• Complete the registration form and come to our office and provide payment in full at the address listed below:
  WEST CAMPUS – 6222 W. 9th Ave., Building C, Room 121, Amarillo, TX
  8 a.m.-5 p.m., Monday through Friday

HOLIDAY/SUMMER HOURS
Please call 371-5000
Youth/Parent Cognitive Lifeskills for Home Study –
Registration Conditions and Registration Form

You must meet the conditions outlined below in order to register for this course.

At a minimum, to take the Youth/Parent Cognitive Lifeskills for Home Study, you must satisfy one of the first two conditions plus conditions #3 and #4.

Satisfy One:

1- You are not court-ordered to complete the Youth/Parent Cognitive Lifeskills for Home Study course; however, you want to take a course for your own benefit and of your own free will.

2- You are court-ordered or otherwise required to take a Parenting course or specifically the Youth/Parent Cognitive Lifeskills for Home Study course, and you have received and provided us with written permission to take this Home Study version.

Plus:

3- You have or will obtain or act as a “coach” in completing your workbook. The “coach” will be the parent/guardian, and the workbook must be completed with the “coach’s” child.

4- You agree to complete and return the workbook to Amarillo College Intervention Programs by mail or in person within 30 days of payment and registration.

Registration Form – Youth/Parent Cognitive Lifeskills for Home Study

Self-verification (for all conditions):
I, ____________________________________________, certify that I meet condition (circle one) 1 or 2 plus conditions 3 and 4 listed above and therefore qualify to take Youth/Parent Cognitive Lifeskills for Home Study.

Signature: __________________________________ Date: __________

Court-ordered/required verification (for condition 2):
I, ____________________________________________, certify that ____________________________________________ meets condition #2 listed above and therefore has my permission to take the Youth/Parent Cognitive Lifeskills for Home Study course.

Signature: __________________________________ Title: ___________________________ Date: __________

Please indicate your workbook language: ___ English or ___ Spanish

Course Id# (for Office Use): __________________________ Date Mailed/Registered: ________________

Social Security Number: __________________________ Date of Birth: ______________

Last Name: ___________________________ First: ___________________________ MI: __________

Current Address: ____________________________________________________________
City/State/Zip Code: __________________________

Home Phone: __________________________ Work Phone: __________________________ Cell Phone: __________________________

County of Residence: __________________________ Residency Status: ___ Texas Resident ___ Out-of-State ___ Foreign Country

Gender: ___ Male ___ Female E-mail: __________________________

Ethnic Origin: (Voluntary Information – Will not affect enrollment) ___ White ___ American Indian ___ Alaskan Native ___ Black ___ Asian/Pacific ___ Islander ___ Hispanic ___ International

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT.

Date: __________________________ Signature: __________________________________________

Method of Payment: ___ Cash ___ Check ___ Money Order ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit/Debit Card #: __________________________ Expiration Date: __________

Authorized Signature: __________________________ Card Security Code: __________________________