



Fall 2016 PARENTING GROUP SERIES Registration

Betsy Brown Braun
PARENTING PATHWAYS®, Inc.
(310) 459-9209
info@parentingpathways.com

Parent(s) name(s) who **will** be attending the group _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____

Email *(Please print especially clearly)* _____

Child's name _____ Age on 9/1/2016 _____ Birthdate _____ School Grade _____

Child's name _____ Age on 9/1/2016 _____ Birthdate _____ School Grade _____

Child's name _____ Age on 9/1/2016 _____ Birthdate _____ School Grade _____

Signature _____ Date _____ Amount Enclosed _____

Please check the group with the number of people for whom you are registering.

____ Group II

____ Group V a.m.

____ Group III

____ Group X aft

____ Group IV

____ Group NS2

____ Group VIII

Tuition: \$550 per person per series (10 monthly group meetings.)

\$275 per person per series (5 monthly group meetings)

Sorry no refunds, credits, make-ups, or group substitutions.

Please return this registration with your check made out to:

Parenting Pathways, Inc. ■ 847 Greentree Road ■ Pacific Palisades, CA ■ 90272

