



# Spring 2016 PARENTING GROUP SERIES Registration

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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 9/1/2015 \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Age on 9/1/2015 \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Age on 9/1/2015 \_\_\_\_\_ 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

**Tuition:** \$275 per person per series (five 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

