



Parent Training Class Fall 2016 Registration Form

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Cell Phone: _____ Parent 2 Cell Phone: _____

Parent 1 Email: _____ Parent 2 Email: _____

Home Phone: _____ Preferred method of contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please list reason(s) for attending our Parent Training Class: _____

How did you hear about our Parent Training Class? _____

Payment

I am paying by check* Please make checks out to First Children Services

(There will be a \$35 fee for returned checks)

I am paying by cash (Must be received prior to class start date)

I am paying by credit card (authorization form attached)

Other funding Source: _____

Registration will not be guaranteed until we have received the social skills checklist (for first time participants only) and payment in full. The class is first come, first serve, and **registration closes on October 5, 2016.**

Please return this form with payment by mail or email to Kelly Quinn, kquinn@firstchildrenservices.com.

Reimbursement is not available for absences.



Credit Card Authorization Form

Parent(s) Name(s): _____ **Program Attending:** Parent Training Class-Fall 2016

Visa

MasterCard

American Express

Account Number: _____ **Expiration Date:** _____ **Amount:** _____

CCV code (security code): _____ **Name on Card:** _____

Cardholder's Signature: _____ **Date:** _____