

CHILDREN IN THE MIDDLE

Registration Form

NAME: _____ M ___ F ___ HOME PHONE: _____

E-MAIL ADDRESS*: _____

***(If completed, you will receive seminar confirmation by e-mail only)**

ADDRESS: _____ WORK PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

OTHER PARTIES NAMED IN YOUR CASE: (This information is **REQUIRED** for registration.)

(You will **NOT** be scheduled for a seminar with the other parent unless **both parents submit a written statement requesting joint attendance.**)

PREFERRED CLASS DATE: FIRST CHOICE: _____ SECOND CHOICE: _____

MY FEE IS: _____

Enclose a check or money order, made payable to Lutheran Community Services. (Do not send cash.)

Detach and mail this form with your fee and proof of income, if needed, to:

**Lutheran Community Services
645 4th Street Suite 202
Bremerton, WA 98337**

Signature

Date

Lutheran Community Services, 645 4th Street Suite 202, Bremerton, WA 98337
Phone 360/377-5511 Fax 360/377-3548