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**PARENT EDUCATION SEMINAR SCHEDULE**

Offered through the Connecticut Council of Family Service Agencies

All programs are non-sectarian, and run a total of 6 hours (1 6-hour session with 1 hour break or 2 3-hour sessions)  
(You must complete both 3 hour classes with the same agency and instructor for a total of 6 hours)

**Wednesday, Feb. 7th & Wednesday, Feb. 14th - 530 P.M. – 830 P.M. -Cancelled**  
**Jewish Federation, 705 Boston Post Road, GUILFORD**

**Tuesday, Feb. 13th – 9:00 A.M. – 12:00 P.M. and 1:00 P.M. – 4:00 P.M.**  
**Jewish Family Service of Greater New Haven, 1440 Whalley Avenue, New Haven**

**Sunday, Feb. 18th – 9:00 A.M. – 12:00 P.M. and 1:00 P.M. – 4:00 P.M.**  
**Jewish Family Service of Greater New Haven, 1440 Whalley Avenue, New Haven**

**Wednesday, Feb. 21st- 9:00 A.M.-12:00 P.M. and 1:00 P.M.-4:00 P.M. Spanish Speaking Only**  
**Jewish Family Service of Greater New haven, 1440 Whalley Avenue, New Haven**

**NO CHILDREN OR GUESTS ARE ALLOWED IN ANY CLASSES. PLEASE NOTIFY US IF YOU HAVE AN INFANT AND WE WILL MAKE ACCOMDATIONS. KEEP A COPY OF TIME AND PLACE YOUR CLASS IS BEING HELD. IF YOU REGISTER FOR A CLASS THAT IS ALREADY FILLED WE WILL NOTIFY YOU IMMEDIATELY. IF YOU DO NOT HEAR FROM US YOU CAN BE ASSURED A SPACE IS BEING HELD FOR YOU.**

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To register for one of the above courses, complete this form and send with **\$150 (per person) money order or cashier's check made out to: Jewish Family Service.** If you and your former spouse both want to register you will need two separate forms and two separate payments for \$150 each. MONEY ORDER, CASH OR CREDIT CARDS.

\_\_\_ Visa \_\_\_ Master Card Acct. Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mail or drop off to: Jewish Family Service, 1440 Whalley Avenue, New Haven, CT 06515 or Fax to 203-389-5904.

*Please note: If you do not attend both sessions with the same agency and instructor, this fee is not refundable.*

**If you have a Parent Education Court Order Form bring it to the first session. Do not mail it in prior to the seminar you are attending.** Also, be sure to have your docket number at the first session.

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age of Children: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Ethnicity:**  Non-Hispanic      **Race:**  Caucasian     Black/AA      **Marital Status:** Married:  Yes (Divorcing)     No  
 Hispanic                       Other \_\_\_\_\_                      Divorced:  Yes                       No

**Court Date:** \_\_\_/\_\_\_/\_\_\_      **Court Location:** \_\_\_\_\_      Single/Never Married:       Yes                       No

**Docket Number:** \_\_\_\_\_    Other: \_\_\_\_\_

**Dates of Seminar:** 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

**Special needs:**  Physical     Vision/Hearing     Learning Disability – Please indicate and we will make accomdations.

**Language Preference:**     English     Spanish

**\*If you want to ensure being in a group different from your present or former spouse, fill in his/her complete name:**

\_\_\_\_\_  
\*My fee has been waived by the court \_\_\_\_\_ Payment Enclosed \_\_\_\_\_

\*(If your fee is waived you must bring signed court order to first class – do not mail it with this form)  
Your seminar dates will be confirmed about **ONE WEEK** before your class.