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)

Thursday, April 11th & Thursday, April 18th – 5:30 P.M.- 8:30 P.M.
Jewish Family Service of Greater New Haven. 1440 Whalley Avenue, New Haven

Thursday, April 25th & Thursday, May 2nd-5:30 P.M.-8:30 P.M.
Guilford Community Center, 32 Church Street, Guilford

Tuesday, April 16th – 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

NO CHILDREN OR GUESTS ARE ALLOWED IN ANY CLASSES. PLEASE NOTIFY US IF YOU HAVE AN INFANT AND WE WILL MAKE ACCOMODATIONS. 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.

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 accommodations.

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.