

YOUR PARENTING PARTNER

CLIENT PROFILE and REGISTRATION FORM

This questionnaire is for your safety and our information. The information is kept strictly confidential.

FULL NAME: _____

ADDRESS: _____

TELEPHONE: H _____ **C** _____

EMAIL: _____

SIGN UP FOR MONTHLY PARENTING INFORMATION AND TIPS: YES / NO
(www.yourparentingpartner.com)

MARITAL STATUS: Married / Divorced / Single

HOW MANY CHILDREN DO YOU HAVE?

1. NAME _____ **AGE** _____

2. NAME _____ **AGE** _____

3. NAME _____ **AGE** _____

4. NAME _____ **AGE** _____

HAVE YOU ATTENDED PARENTING SESSIONS IN THE PAST, if so, please list?

WHAT ARE YOUR REASONS FOR SEEKING PARENTING ADVICE / JOINING A GROUP CLASS?

WHO MAY WE THANK FOR REFERRING YOU?

WHICH COURSE DO YOU WANT TO REGISTER FOR?

Course Title:

Day of the Week (Please circle) : Monday / Tuesday / Wednesday / Thursday / Weekend

Time of course: Daytime / Evening

Date of first session (Day / Month / Year) :

CANCELLATION POLICY:

Private sessions require a 24 hour notice period to avoid cancellation charges.

Private package sessions require that you take all these in the specified time period. No refunds will be given for sessions not used within that time period or cancelled within the 24 hour required notice period.

By signing below, I confirm that I have read and understand the cancellation policy.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Thank you for completing this form. Please scan it and return to:

info@yourparentingpartner.com