

LEBANON FAMILY HEALTH SERVICES

PARENTING WORKSHOP REGISTRATION FORM

REGISTRATION IS FREE!

WHICH COURSE ARE YOU INTERESTED IN?

Parenting Young Children (birth-age 8) Parenting Adolescents (9-18)

Which Dates? (Course is designed to take all 4 sessions): _____

Name: _____ Telephone: _____

Address: _____

Email Address: _____

Parent's DOB: _____ Language Preference: _____

Ages of Child(ren): _____

Do you have access to a laptop, tablet or computer with a camera? YES NO

Were you referred to this course by Lebanon County Children and Youth? YES NO

If so, what is the name of your social worker?: _____

How did you know about this course? (check all that apply):

Court/Probation Social Service Agency (which one): _____

Community Presentation/Health Fair Newspaper/Radio Flyer Website/Online Search

Social Media Other (please specify): _____

PLEASE PRINT AND RETURN TO:
LEBANON FAMILY HEALTH SERVICES - 615 CUMBERLAND ST., LEBANON, PA 17042
ATTN: HOLLY DOLAN

**You will receive a phone call about 1 week prior to the course beginning to confirm.*

**No childcare available. Please make other arrangements.*

615 Cumberland Street, Lebanon, PA 17042



lebanonfamilyhealth.org



Lebanon Family Health Services forbids discrimination against any Client, Employee, or Applicant for employment, on the basis of race, age, gender, color, ancestry, sexual orientation, national origin, legal residence, veteran status, ability to pay, religious creed, parenthood, marital relationship, contraceptive preference, or disability.