

## 2022-23 PROGRAMS REGTSTRATTON FORM

Please use the program descriptions on **www.cfamily.org/programs** to select the classes you would like to attend.

Mother/Parent 1 Name		Father Name/Parent 2	
Mother/Parent 1 E-Mail		Home Phone	
Mother/Parent 1 Cell Phone			
NAME OF PROGRAM	DAY/SESSION	PARTICIPANT'S NAME	BIRTHDATE
Name of Program	Days/Session	Participant's Name	Birthdate
Name of Program	Days/Session	Participant's Name	Birthdate
Name of Program	Days/Session	Participant's Name	Birthdate
Name of Program	Days/Session	Participant's Name	Birthdate
Name of Program	Days/Session	Participant's Name	Birthdate
Name of Program	Days/Session	Participant's Name	Birthdate
		ration fee per child per program	

Please make checks payable to the **Child & Family Institute**. 330 Ravenswood Avenue, Menlo Park, CA 94025 Scholarships are available upon request. Please contact Brooke at 650-328-2262.

Office use: Date received with registration	fee(s)