



## Support Group Registration Form

This program is supported by grants who ask for the towns we serve and the demographics we serve; we do not share your individual information.

First Name	Last Name

**Age Range (check one):** Under 25 \_\_\_\_\_ 26-35 \_\_\_\_\_ 36-45 \_\_\_\_\_ 46-55 \_\_\_\_\_ 55+ \_\_\_\_\_

Number of child(ren) in your care: \_\_\_\_\_

Ages of child(ren): \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(This is important for notifications of cancellations)

Town of Residency: \_\_\_\_\_

Any specific topics you would like addressed: \_\_\_\_\_

-----  
I have received the "Notice of Privacy Practices" from The Family Place.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

How did you hear about us?