

Received Registration _____ (I for P initials) on _____ (date)



Raising A Thinking Child Registration Form

Parent's Name: _____

Child 1 Name: _____

Child 1 DOB: _____ Child 1 Age: _____

Child 2 Name: _____

Child 2 DOB: _____ Child 2 Age: _____

Food Allergies/Medical Conditions to Know About: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Best Time to Reach You by Phone? _____

Email Address: _____

** Please note that there will be a Pre-Training Interview scheduled with you and your child prior to the first day of the program. We will discuss your availability for this interview during our initial contact. **

Questions? Call Marcy Safyer at (516)877-3060
Or email us at: theinstituteforparenting@adelphi.edu

Mail registration to: The Institute for Parenting, Adelphi University,
1 South Avenue, P.O. Box 701, Garden City, NY 11530-0701

Notes/Comments: