

Parent & Me Registration Form

Parent's Name: _____

Address: _____

City _____ State _____ ZIP _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Child's Name: _____

Child's DOB: _____ Child's Age: _____

See website for start dates and session times:

www.adelphi.edu/parentinginstitute/parentprograms/

- Hey Babies** (newborn to 8 months or not walking just yet)
- Hey Toddlers** (starting to walk to 18 months old)

Payment (check all that apply):

(Fee: \$125 per 8-week program)

- Check enclosed
- Scholarship for: \$ _____

Please make your check payable to *Adelphi University*

Mail form and check to:

Adelphi University
Institute for Parenting
One South Avenue
P.O. Box 701
Garden City, NY 11530

For more information call 516.877.3060 or email theinstituteforparenting@adelphi.edu