



Workshop Registration Form

For parents who are interested in learning information and gaining confidence in talking with your child about sexuality.

Thursdays, November 16, 23, 30, December 7 starting at 7 p.m.

408 First Street W, Brooks, AB – St. Joseph's Library

Fee \$20/parent book

Full payment in cash will be collected during workshop.

Directions: Please read carefully, complete the form below, and sign

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell phone: _____

Email: _____

For preparation purposes, please share the following:

1. Indicate, by putting an X in the box, which of the following best describes your current situation:

- | | |
|--|---|
| <input type="checkbox"/> Single Parent with 1 child | <input type="checkbox"/> Couple with 1 child |
| <input type="checkbox"/> Single Parent with 2 Children | <input type="checkbox"/> Couple with 2 children |
| <input type="checkbox"/> Single Parent with 3 children | <input type="checkbox"/> Couple with 3 children |
| <input type="checkbox"/> Single Parent with 4 or more children | <input type="checkbox"/> Couple with 4 or more children |

2. Circle the age range of your Children at home (circle all that apply):

under 10 10-12 13-15 16-17 18+

Signature: _____