



REGISTRATION FORM

First & Last Name: _____
Adult Attendee #1 (please print)

First & Last Name: _____
Adult Attendee #2 (please print)

Family Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **County:** _____ **Phone w/Area Code:** _____

Email Address: _____

Please Circle All That Apply: **Foster Parent** **Adoptive Parent** **Kinship Parent** **Social Worker**

If you are a licensed foster parent, what agency are you licensed with? _____

Special Dietary Needs: _____

SESSION A	SESSION B	SESSION C	SESSION D
<p>Coming of Age: Creative Ideas & Positive Solutions</p> <p><i>KEYNOTE Speaker</i> Judge Tina Yost Johnson</p>	<p>B-1 Therapeutic Touch – Infant Mental Health</p> <p>B-2 Prevention & Intervention</p> <p>B-3 Therapeutic Parenting</p> <p>B-4 Foster Fathers</p>	<p>C-1 Faith Base Community Support</p> <p>C-2 Foster Parents and the Courts</p> <p>C-3 Managing Stress at Home</p> <p>C-4 Surviving a Special Investigation</p>	<p>D-1 Kinship Care Giving</p> <p>D-2 Resources for Resource Families</p> <p>D-3 Problematic Sexual Behaviors</p> <p>D-4 Children of Trauma</p>

Please indicate which sessions (letter) and workshops (number) you plan to attend.

Attendee #1 _____	_____	_____	_____	_____
	A	B	C	D
Attendee #2 _____	_____	_____	_____	_____
	A	B	C	D

CHILDCARE & TEEN REGISTRATION			
Child First & Last Name	DOB	Child First & Last Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child care will be provided across the street from the seminar at Take-A-Break Child Care Center. For additional information about childcare or to confirm your registration, call 269-660-0448 or email kharris@fecfamily.com. If your child needs medication during the seminar, you will have to administer your own child's medications.

Childcare and teen program spots will be reserved once a completed registration form has been received. You will not be able to reserve childcare by phone or e-mail. *Form must be received by 10/27/17*

Please mail form to: Family Enrichment Center
 415 S. 28th Street
 Battle Creek, MI 49015

Fax: 269-963-0160
 E-mail: kharris@fecfamily.com