



LOVING FAMILIES

# Registration Form

## Redirecting Children's Behavior Class

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of your children's school: \_\_\_\_\_

Please check appropriate box-  
I/We are interested:

RCB class individual: \$ 395.00

RCB class for two people: \$595.00

RCB group rate: \$2000.000- each student is responsible for their materials

\$25 Book and Workbook per person

Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Do you know anyone who has taken the RCB class before: Y N

If yes, your friend's name: \_\_\_\_\_

What do you intend to accomplish from participating in the RCB 5 week class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORM OF PAYMENT: Check Cash Make check to: Loving Families**

Total Amount Due: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_ Payment received by: \_\_\_\_\_