



LOVING FAMILIES

# Registration Form

## Step Families Group Registration

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

How long have you been married? \_\_\_\_\_

Who will be attending the groups? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Current concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you intend to accomplish from participating in the Step Family Group 6 week class?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Total Amount Due \$895.00: \$ \_\_\_\_\_ Minimum Deposit \$200 Paid Y N

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