

PARENT EDUCATION SEMINAR SCHEDULE

Offered through the Connecticut Council of Family Service Agencies

All programs are non-sectarian, and run a total of 6 hours (2 sessions)

(You must complete both 3 hour classes with the same agency and instructor)

Sunday, May 1st 9:30 A.M. – 3:30 P.M.

Jewish Family Service, 1440 Whalley Avenue, New Haven

Saturday, May 7th & Saturday, May 14th - 9:30 A.M. – 12:30 P.M.

Catholic Charities, 501 Lombard Street, NEW HAVEN

Monday, May 2nd & Monday, May 9th - 5:00 P.M. – 8:00 P.M.

Catholic Charities, 501 Lombard Street, NEW HAVEN

Wednesday, May 11th & Wednesday, May 18th - 5:30 P.M. – 8:30 P.M.

Jewish Federation, 705 Boston Post Road, GUILFORD

Wednesday, May 4th & Wednesday, May 11th - 9:00 A.M. – 12:00 P.M.

Guilford Youth & Family Services, 36 Graves Ave., GUILFORD

Tuesday, May 17th & Thursday, May 19th - 5:30 P.M. – 8:30 P.M.

Jewish Family Service, 1440 Whalley Avenue, NEW HAVEN

Tuesday, May 24th & Wednesday, May 25th - 9:30 A.M. – 12:30 P.M.

Jewish Family Service, 1440 Whalley Avenue, NEW HAVEN

FOR A CLASS IN SPANISH, PLEASE CALL CATHOLIC CHARITIES – 203-787-2207. NO CHILDREN OR GUESTS ARE ALLOWED IN ANY CLASSES. KEEP A COPY OF TIME AND PLACE YOUR CLASS IS BEING HELD. IF YOU REGISTER FOR A CLASS THAT IS ALREADY FILLED WE WILL NOTIFY YOU IMMEDIATELY. IF YOU DO NOT HEAR FROM US YOU CAN BE ASSURED A SPACE IS BEING HELD FOR YOU.

To register for one of the above courses, complete this form and send with \$125 (per person) money order or cashier's check made out to: Jewish Family Service. If you and your former spouse both want to register you will need two separate forms and two separate money orders for \$125 each. NO PERSONAL CHECKS, CASH OR CREDIT CARDS.

Mail or drop off to: Jewish Family Service, 1440 Whalley Avenue, New Haven, CT 06515

Please note: If you do not attend both sessions with the same agency and instructor, this fee is not refundable.

If you have a Parent Education Court Order Form bring it to the first session. Do not mail it in prior to the seminar you are attending. Also, be sure to have your docket number at the first session.

Name: _____ Date of Birth: ____/____/____ Age of Children: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone (____) _____ Evening Phone (____) _____ Cell (____) _____

Ethnicity: Non-Hispanic Race: Caucasian Black/AA Marital Status: Married: Yes (Divorcing) No

Hispanic Other _____ Divorced: Yes No

Court Date: ____/____/____ Court Location: _____ Single/Never Married: Yes No

Docket Number: _____ Other: _____

Dates of Seminar: 1st Choice _____ 2nd Choice _____

*** IF YOU ARE REGISTERING FOR January 5TH & 12TH, PLEASE INDICATE NEW HAVEN OR GUILFORD ***

Special needs: Physical Vision/Hearing Learning Disability Language Preference: English Spanish
(For a class in Spanish, call 203-787-2207)

*If you want to ensure being in a group different from your present or former spouse, fill in his/her complete name:

*My fee has been waived by the court _____ Payment Enclosed _____

***(If your fee is waived you must bring signed court order to first class – do not mail it with this form)
Your seminar dates will be confirmed about ONE WEEK before your class.**