

The Parent Project®
P.O. Box 2011, Pollock Pines, CA 95726
(530) 647-1800
REGISTRATION FORM

Name of Participant _____

Address: _____

City: _____ ZIP: _____

Telephone: Home: _____ Work: _____ Other: _____

We prefer to use email to correspond class info & reminders. If this isn't good for you use this space to indicate your preference:

Email Address: _____

Child's Name: _____

School: _____

Child's Address if Different _____

Number of Children in Home _____

Ages _____

Referred By: _____

Reason for Referral _____

The registration fee is \$25. This covers the cost of one parent training manual. A manual for the second parent (recommended) is \$22. Make checks payable to First for the Future & include with registration form.

The Program cost is \$350, payable in 10 weekly payments of \$35.

Financial assistance and Sliding Scale are available.

No one will be denied this program for lack of ability to pay.

Financial arrangement: _____ paying \$350 at 1st class; _____ will pay \$35 per week;

_____ paying per sliding scale; scholarship by: _____

Other: _____

For information call (530) 647-1800; email: parentproject@fftf.net; visit our web site: f f t f . n e t

MAIL FORM AND REGISTRATION FEE TO: First for the Future
P.O. BOX 2011
POLLOCK PINES, CA 95726

Thank you for your love and caring for your child and your family.