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Parenting Group Series Registration

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____

GROUP #: _____

CHILD'S NAME AND AGE: _____ CHILD'S

NAME AND AGE: _____

TUITION: \$240 PER SERIES (6 monthly meetings)

Please return this registration form with your check made out to:

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Sorry, there are no refunds, credits, make-ups, or group substitutions.

