


PRE-REGISTRATION IS NECESSARY



Mail in the registration with your payment to
 Family Stress Center
 2086 Commerce Ave., Concord, CA 94520.
 For more information, call Family Stress Center @
 925-827-0212 ext.125 or visit our website: www.familystresscenter.org

Your canceled check is confirmation of your enrollment
We will contact you ONLY if the class has been cancelled or there are no longer any available openings.

Sponsored by Family Stress Center Serving Contra Costa County since 1978 with programs to strengthen families

DO NOT ATTEND THE FIRST CLASS WITHOUT PRE-REGISTRATION

REGISTRATION FORM

No refunds after class begins *NO CHILD CARE Available*

Please Circle one of the following Classes:

(School Age STEP ClassCode SA/W06) (TEEN STEP Class Code WT/W06) (Children 0 – 3 Class Code WYC/W06)
(Please add class code)

Name(s) _____ Co Parent _____
Please Print Clearly
Address: _____ City _____
Daytime or Cell Telephone: _____ Evening Telephone _____
Method of payment _____ Amount _____ Date _____

Class size is limited and **closed to new** participants after the 2nd session.
There are no refunds. *If you are unable to attend we will issue a voucher for a future class **only** if you call before class has begun.*

CFS CLIENT PLEASE FILL OUT

CFS Parents: *All CFS information **MUST** be completed to guarantee a place in the class.*

Please Print Clearly
Social Worker's Name _____

Phone _____ **Fax** _____ (Fax must be included)

Workers Location: _____ Antioch _____ Martinez _____ Richmond _____

_____ Other Counties or States _____

Class enrolling School Age Children (4-11 years old) Young Children (0-3 years old) Teens (12-up)

*****Please note: Your worker must sign a payment agreement for your enrollment to be complete. Or the \$90.00 fee will be due by the second class.

I agree to pay the class fee if CFS does not. (This must be signed)

X _____

*****FOR OFFICE USE ONLY*****

CFS Workers Confirmation REC'D YES NO
 Date REC'D _____
 Please print clearly
 REC'D BY _____ Date _____
 METHOD OF PAYMENT _____
 Amount _____ Check or Receipt No. _____ Received by _____