



Families Forever Enrollment Form

Name: _____

Address: _____

Day Phone: _____

Evening Phone: _____

E-mail: _____

Co-parents Name: _____

Attend with Co-parent: Yes No Doesn't matter
(Co-parents will only be scheduled together if all parties agree.)

Seminar Date Requested: _____

- ★ The **date you request cannot be guaranteed** and will be confirmed based on availability. Space is limited.
- ★ Enrollment closes two weeks prior to the seminar
- ★ Payment is due when you schedule. \$55 effective July 1, 2010
- ★ All refunds subject to a \$10 processing fee.

Fee Waiver Requested: _____

DPW Cash Assistance _____ SSI _____
(Please attach "current" proof that you are eligible for the month in which you are enrolling)

The seminar is for adults only. Child Care is **not** provided.

Complete form and send with payment to:

Lifesteps, Inc.
Attention: Accounts Receivable
383 New Castle Road
Butler, PA 16001