



**Guiding Good Choices Parenting Program
April 2012
Registration Form**

April 2012 Dates : April 3rd, 10th, 17th, and 24th

Where: Salem Family YMCA 6:00pm-8:30pm

How to Register:

Mail registration form to Prevention Council of Roanoke County, P.O. Box 21503 Roanoke, VA 24018 or email to SBMichael@carillonclinic.org. The fee of \$40 may be paid by check or money order, payable to Prevention Council of Roanoke County. A \$10.00 deposit is required one week prior to the first class to secure your spot and the balance will be due at the first class. You must attend all four classes to receive a certification of completion. Please contact Brooks Michael at 314-5030 with any questions.

Name[s]: _____	
Address: _____	
Daytime Phone: _____	Method of Payment: (\$40)
Evening Phone: _____	Money order _____
E-mail: _____	Cash _____
Children:	
Name _____ Age ____	Name _____ Age ____
How did you find out about the parenting class? _____	

Contact Brooks Michael at 314-5030 if you have any questions.

Office Use only

Date payment received _____
Method of payment Cash _____ Money order _____ Check _____
Approved _____ **Code: 731 Parenting Program**