

STRENGTHENING *Families* PROGRAM

FOR PARENTS AND YOUTH 10-14

*Get the tools, skills and
strategies to build stronger
families in seven sessions!*



Registration

Parent/Caregiver Name(s): _____

Student Name(s): _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email: _____

Number of children needing child care: _____ Food Allergies: _____

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