

Redirecting Children's Behavior Parenting Class Enrollment Contract

Please Print Clearly

Name: _____
Guest Name: _____
Address: _____
City: _____ Zip Code: _____
Guest Address: _____
City: _____ Zip Code: _____
Home Ph: () _____ Cell Ph: () _____
Guest Home Ph: () _____ Guest Cell Ph: () _____
Email: _____
Guest Email: _____
How did you and your guest hear about us? _____
Child(ren) and age(s): _____
Guest Child(ren) and age(s): _____
Course Dates: Month _____ Year _____
Course Location: _____
I agree to pay the tuition of: \$395.00
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check (Payable to Peggy Olsen)
<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Billing address same as above
Card Number: _____ - _____ - _____ - _____
Expiration Date: Month _____ Year _____
Name as it appears on card: _____

Informed Consent - *The Redirecting Children's Behavior is educational. It is not intended to be a substitute for family counseling or psychotherapy. Personal matters may be discussed during these classes and I agree to keep such matters confidential. No portion of the text, written or verbal presentations may be reproduced without the written consent of the author, Kathryn J. Kvols.*

I have read and agree to the terms and conditions above.

Signature _____

Date _____

Signature _____

Date _____

Director: Peggy Reynolods-Olsen Ph: 760-809-7081

Please Fax or mail this completed form with your payment to Fax: 760-751-4398

227 N. El Camino Real Suite 103 Encinitas CA 92024