**SHARING OUR VOICES REGISTRATION**

**DAUGHTER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR NAME and Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_**

**Yes, please sign my daughter up for the Fall 2020 session support group for high school aged girls.**

**Dates: Tuesdays at 4:30 – 6:00 p.m. held at our NEW office in Chesterfield.**

**16100 Chesterfield Parkway West, Suite 200 Chesterfield, MO 63017**

**Sept. 15 and 29, Oct. 13 and 27, Nov. 10 and Dec. 1 and 15**

**Cost is $420.00 for the entire 7 sessions ($60 per session).**

**Entire amount is due upon registering your daughter and there are no refunds for absence, illness, etc.**

Bill my cc: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address card is linked to **with zip code**:

Or send a **check payable to Children & Families, Inc.** to our office at:

**16100 Chesterfield Parkway West, Suite 200 Chesterfield, MO 63017**

Call Anne @ 636-530-1883 with any questions. Thank you!

**If you would like to share anything with Dr. Tim you want your daughter to work on in these groups, please write on the back of page.**