

WFP Workshop Registration Form

Participant Name: _____

Name of Workshop: _____

Address: _____

contact info: Phone: _____ Email: _____

Please check: New Client to Wynns Family Psychology Current client at WFP

Goals for the workshop:

1)

2)

3)

Other comments/concerns about your child/children or your parenting you may want some help:

***Payment is due at the time of the workshop.**

I have read through and understand the information above:

Parent signature

Date

Would you like to sign up for our free No Wimpy Parenting Newsletter? _____