

Only one registration form is needed per family unit. Fill in second phone number and address only if different from the first person listed. Privacy Statement: All information shared with me will be treated with professional confidentiality and will not be shared with other parents, educators, businesses, etc., without your written permission.

Participant

#1 Name _____ Home/Preferred Phone _____
 _____ Best Time to Call _____
 Address _____ Apt # _____
 City _____ St _____ Zip _____
 E-Mail Address _____
 Circle One: Parent Guardian Step-Parent Other: _____

Participant

#2 Name _____ Home/Preferred Phone _____
 _____ Best Time to Call _____
 Address _____ Apt # _____
 City _____ St _____ Zip _____
 E-Mail Address _____
 Circle One: Parent Guardian Step-Parent Other: _____

Child(ren) in Household

<u>First Name</u>	<u>Gender</u>	<u>Age</u>	<u>Grade</u>	<u>Special Health or Other Circumstance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about this workshop? _____

What other parent workshops or courses have you attended, if any (circle)? None See List Below

Name _____ Course _____

Name _____ Course _____

REQUIRED CONFIDENTIALITY AGREEMENT: I understand that the discussions in the course are personal and I agree to keep the names of other participants confidential. I understand that the content of our discussions is for my personal use only. I understand that the course leader cannot guarantee that confidentiality.

Signed _____ Date _____

Signed _____ Date _____

Please give some thought to the following questions. Your answers will help me tailor this workshop to meet your goals and desires.

What specific result or results, if obtained from this workshop, will have made it worthwhile for you?

#1 _____

#2 _____

What other specific result or results*, if obtained from this workshop, would pleasantly surprise you?

#1 _____

#2 _____

*Results can be in the areas of: dealing successfully with any specific persistent behavioral issue; additional ease or fun in parenting in general and in the family as a whole; the disappearance of any persistent upset or resentment or issues with partner; greater appreciation of yourself, your child or your parenting partner; less confusion and/or concern in making sense of differing philosophies of learning or behavior management; less concern about handling “negative” influences; etc., etc.

Are there any other concerns or issues that might help me design this course for you? (If there are any privacy concerns, you may call me directly). Please note in the space below.

I. PERMISSION REQUESTED: I may be audio or video taping all or parts of this workshop for workshop development or online courses only. I will announce when I am taping. All participants' names and other personal information will be held in strict confidence.

I give Marty Dutcher permission to tape () my voice () my likeness if unidentifiable () my likeness if identifiable.

I have read and understand the above and that Marty will announce when he is taping.

Signed _____ Date _____

Signed _____ Date _____

II. READ AND SIGN: While reports to date from graduates are consistent with published statements, results may vary depending on attendance, level of participation, willingness to try something new and/or other circumstances beyond the scope of the course including but not limited to: undisclosed health condition of either parent or child or other undisclosed extenuating family circumstances. This course is for healthy parents and is not a substitute for therapy or mental health care from a qualified health care professional. The course leader is not a mental health care professional.

I have read and understand the above READ AND SIGN note. I agree to not hold the course leader, Parenting for Partnership, LLC, or any associates or affiliates responsible for any consequences of my participation in this course, held in _____ (City).

Signed _____ Date _____

Signed _____ Date _____

III. I understand that some aspects of Beyond Good Parenting are well-known, some are less known, and some are unique. The design of the course is proprietary. I agree to use the information in this course to further the quality of my parenting and the quality of life in my family and families to whom I have a personal commitment. I agree to not copy or present any aspects of the course as originated by myself or any associates, nor to make any financial gain by presenting or copying any aspect of it without permission from the directors/owners of Parenting for Partnership, LLC.

Signed _____ Date _____

Signed _____ Date _____