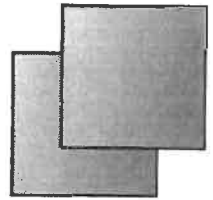


SINGLE & PARENTING REGISTRATION FORM



Name _____

Street Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Please print email address _____

Again, please print *same* email address _____

Date of birth [month/day] _____ / _____

How did you hear about Single & Parenting? _____

Please share a little information about your single-parenting situation. _____

If you plan on bringing children to our child care, please list their names, gender, ages and present school grades:

Registration fee: \$ 15.00 (includes workbook and other expenses during all 13 weeks of sessions)

Payment attached

I'll bring it next week

Please cover my registration from the scholarship fund

Please mail Registration Form and Fee's to:
Cornerstone Community Church
PO Box 546
Ferndale, WA 98248.