

# G.R.E.A.T Registration Form

Parent/Guardian Name: \_\_\_\_\_

Child #1 Name/Age: \_\_\_\_\_ Child #2 Name/Age: \_\_\_\_\_

Child #3 Name/Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

We the \_\_\_\_\_ family, commit to participating in G.R.E.A.T. Families. We are most interested in the sessions checked below.

**Location: Christian Center, 193 Robbins ave., Pittsfield, Ma 01201**

Do you need child care for children under 10? Yes/No This service may NOT be provided

<input type="checkbox"/> Introduction to GREAT Families	<input type="checkbox"/> GREAT Family Skills	<input type="checkbox"/> GREAT Family Relationships
<input type="checkbox"/> GREAT Communications	<input type="checkbox"/> Great Role Models	<input type="checkbox"/> Families in the Electronic Age

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_