



REGISTRATION FORM

All sessions will be at
The Family Resource Network Shore Office:
Lions Head Office Park
35 Beaverson Blvd; Building 11
Brick, NJ 08723

The sessions will start at 10:00a.m. and end at 2:00 p.m.

There is a \$25 registration fee for each session date that a child would like to attend.

Please check the dates you would

like your child to attend:

- August 21, 2010
- September 25, 2010
- October 16, 2010
- November 20, 2010
- December 18, 2010

Child's Name: _____ Child's Date of Birth: ____/____/____

Parent/Guardian Name: _____

Address: _____

Phone: (____) ____-____ Email: _____

Total Amount Enclosed: \$_____

Please make checks or money order to: The Family Support Center of NJ

Please mail completed form to:
The Family Support Center of New Jersey
Attn: Laura Kay
2516 Route 35 North
Manasquan, NJ 08736

Please call FSCNJ at 1-800-372-6510 with any questions.

****SPACE IS LIMITED. PLEASE REGISTER AS SOON AS POSSIBLE.****

There will be a mandatory parent meeting on August 5th, 2010 at 10AM or 6PM.

The meeting will only be an hour.

-----Clip and Save the Dates!-----

_____ is registered for the following Sibshop Dates:

Child's Name

- August 21, 2010
- September 25, 2010
- October 16, 2010
- November 20, 2010
- December 18, 2010