FAMILY LEARNING SOLUTIONS, LLC

Counseling & Educational Services
DONNA HALE GROSSER, M.S.
Licensed Mental Health Counselor
(Lic.# MH5559)

SIBSHOP REGISTRATION

DATE: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

AGE: _____

ADDRESS: _____ HOME PHONE: _____

CITY/STATE/ZIP: _____

PARENT OR LEGAL GUARDIAN NAME: Father:_____
Last First M.I.
Mother:_____
Last First M.I.

BUSINESS PHONE: _____CELL PHONE: _____

EMAIL ADDRESS: _____

CLIENT/PARENT OCCUPATION: _____ EMPLOYER: _____

REFERRED BY: _____

CHILD'S SCHOOL: _____

CHILD'S GRADE: _____ CHILD'S TEACHER:_____

SCHOOL PHONE: _____SCHOOL ADDRESS:_____

MEDICAL INSURANCE COMPANY _____

IN CASE OF AN EMERGENCY, WHO MAY WE CONTACT? _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

* * * *

Please return enclosed form, along with medical release and waiver, with a check for $25 per child made out to Family Learning Solutions, LLC by September 21 to secure your registration. This is a nonrefundable fee for the October 3 session. If you are interested in one of the packages, indicate either the 3 session package for $65 or the 5 session package for $99 and enclose the proper remittance.

65 Third St. NW, Suite 201 Winter Haven, FL 33881 863-293-1744