



SIMPLICITY PARENTING

DISCUSSION, LEARNING, SUPPORT AND INTEGRATION GROUP

REGISTRATION FORM

Parent or guardian (who will attend the group sessions)		Your co-parent or other caregiver (who is a partner or support in your parenting)		
LAST NAME		LAST NAME		
FIRST NAME M	MIDDLE NAME	FIRST NAME	MIDDLE NAME	
ADDRESS		ADDRESS		
CITY STATE	ZI P	CITY	STATE ZI P	
() HOME PHONE		() HOME PHONE		
HOME PHONE		HOME PHONE		
() CELL / PAGER		() CELL / PAGER		
EMAIL		EMAIL		
PROFESSION / EMPLOYER		PROFESSION / EMPLOYER		
Friday Mornings, Spring 20 7 meetings, 10:30 a.m. to 12:30 Mar 7, 14, 28; April 11;	p.m.	YES / NO WILL ATTEND GROUP	SESSIONS ALSO?	
Child/ren live with: ☐ Both	Parents 🛚 Moth	er 🛘 Father 🗘 Oth	er	
	e asked to consider ilable, however, mu licity Parenting b chased from other	their means when self-sultiple parents from the sy Kim John Payne and Limajor booksellers. Pleas	sa M. Ross, may be ordered	
I have provided the informa information and terms show		n the reverse side of t	this page, and agree to the	
SIGNATURE	PRINTE	D NAME	DATE	
Please return this completed for	rm with payment to):		
	Simplicity Pare	nting Groups, Three Ce	edars Waldorf School	

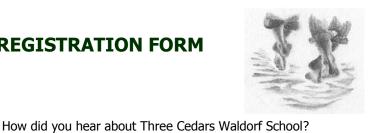
556 – 124th Avenue NE

Bellevue, WA 98005

Tel 425.401.9874

info@threecedarswaldorf.org

REGISTRATION FORM



SIMPLICITY PARENTING GROUPS

What are the ages of your children?			
What are your greatest challenges as a parent?			
Please initial:			
I acknowledge that this discussion, support, learning and integration group meets weekly and I make the commitment to attend consistently and to arrive to each evening on time. If it is necessary for me to leave the group before the final session, I will communicate with the group's leader by telephone or email giving as much notice as possible.			
Fridays - Spring 2014 7 meetings, 10:30 a.m 12:30 p.m. Mar 7, 14, 28; April 11; May 2, 9, 16			
I acknowledge that I will be asked to read one chapter from <u>Simplicity Parenting</u> * each week (ahead of that chapter's discussion) so that I am fully prepared to engage with each conversation.			
I understand that the intention of this group is to discuss and integrate small, do-able steps toward simplification. Major family issues that may require assessment or counseling will be addressed in private by the group leader, outside of the group session time.			
I acknowledge that the discussions within the group are to remain confidential. It is important that group participants are free to speak openly and honestly, and to expect that their personal information will not be shared outside of the group.			
I understand that while the group leader also agrees to maintain confidentiality in general, s/he is a mandatory reporter in cases of suspected child abuse or neglect.			
I acknowledge that registration fees are nonrefundable, and that if I miss any evenings, they will be neithe deducted nor rescheduled.			

Parents, please note: you will find that integration is most effective if you schedule time - ideally the next day after each meeting - to speak with your co-parent or speaking partner to share ideas and thoughts. This will give you the opportunity to discuss one, simple change that you are proposing to make in your family life each week (changes will build cumulatively) and to hear ideas for implementation. This will also help you to obtain a second opinion from someone who knows you well as to whether the change is truly "do-able."

