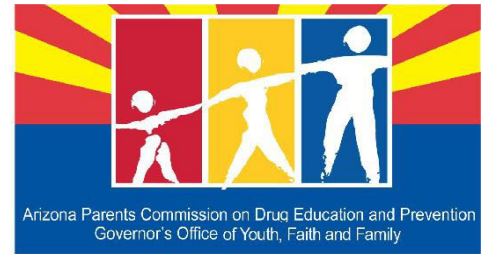




Strengthening Families  
Program by Dr. Karol Kumpter



www.serenityfirstcounseling.com

Contact Information: Main # (520) 398-7272

Joan Silver, LMFT (818) 371-7463

Jill Fabian, LCSW (520) 661-6445

## REGISTRATION PACKET FOR STRENGTHENING FAMILIES PROGRAM MIDDLE AND HIGH SCHOOL GRADES

**Thank you for your interest in the Serenity First Prevention and Support Coalition's Strengthening Families Program! THIS PROGRAM IS PROVIDED TO YOU AT NO COST!**

Our mission of the SFP is to provide a family experience to improve family relationships, increase communication, reduce stress, anxiety and transform negative behaviors into positive healthy behaviors within the family unit. The tools learned are life skills that will also be beneficial in all relationships.

**We will be starting our weekly sessions on:**

**Date: Wednesday, February 7, 2024**

**Time: 6:00 pm to 8:00 pm**

**Where: 75 W. Calle De Las Tiendas, Suite 111B, Green Valley, AZ 85614.**

**The format of each session includes dinner, separate parent and teen breakout sessions and a family session.**

All families interested in participating in the SFP must complete the registration form on page 2. Please let us know if there are any dietary restrictions.

Please submit your completed form to [joan@serenityfc.life](mailto:joan@serenityfc.life). If you have any questions or concerns, please call: Joan Silver (818) 371-7463 or Jill Fabian (520) 661-6445.

This program is presented by Serenity First Counseling, a 501(c) (3) corporation with partial funding by The Arizona Parents Commission for Drug Education & Prevention and Governor's Office of Youth, Faith and Family.

# REGISTRATION FORM/WAIVER/RELEASE

FAMILY ADDRESS:

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Parent/Guardian's Info:

Parent/Guardian's Info:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Minor Info:

Minor Info:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Minor Info:

Minor Info:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please initial and sign below:

I, \_\_\_\_\_, give my permission for my family to participate in the Serenity First Prevention and Support Strengthening Families Program (SFC).

\_\_\_\_\_ Media Release: SFPSC has permission to videotape, audiotape, and photograph participants for use in program presentations and promotional materials. SFPSC will use materials at the discretion they see fit.

\_\_\_\_\_ I hereby waive and release SFC from any and all liability or claims for any injuries or loss sustained by any member of my family while participating in this program.