



Contact Information:
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www.serenityfirstcounseling.com

REGISTRATION PACKET FOR STRENGTHENING FAMILIES PROGRAM GRADES 8-12

Thank you for your interest in the Serenity First Prevention and Support Coalition's Strengthening Families Program!

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 Tuesday, September 14, 2021. Due to the ever-changing climate of Covid-19 we do not yet know if we will remain on Zoom or be able to meet in person. If we do end up on Zoom and the format of each session includes family time and separate parent and teen breakout sessions, please let us know if having 2 separate devices and/or internet connection could be a challenge for you.

We do need: Devise Hotspot

All families interested in participating in the SFP must complete the registration form on page 2.

Please submit your completed form to 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 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:

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.