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www.serenityfirstcounseling.com Joan Silver, LMFT (818) 371-7463 Jill Fabian,
LCSW (520) 661-6445

REGISTRATION PACKET FOR STRENGTHENING FAMILIES PROGRAM 4th – 12th 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, August 27th, 2025

Time: 6:00 pm to 8:00 pm

Where: 75 W. Calle De Las Tiendas, Suite111B, 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. 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

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| <p>FAMILY ADDRESS:</p> <p>_____</p> <p>_____</p> | |
| <p>Parent/Guardian's Info:</p> <p>Name:</p> <p>_____</p> <p>_ DOB: _____ Gender: _____</p> <p>Email:</p> <p>_____</p> <p>___ Phone Number:</p> <p>_____</p> | <p>Parent/Guardian's Info:</p> <p>Name:</p> <p>_____</p> <p>_ DOB: _____ Gender: _____</p> <p>Email:</p> <p>_____</p> <p>___ Phone Number:</p> <p>_____</p> |
| <p>Minor Info:</p> <p>Name:</p> <p>_____</p> <p>_ DOB: _____ Gender: _____</p> <p>Email:</p> <p>_____</p> <p>___ Phone Number:</p> <p>_____</p> <p>_____ School:</p> <p>_____ Grade: _____</p> | <p>Minor Info:</p> <p>Name:</p> <p>_____</p> <p>DOB: _____ Gender: _____</p> <p>Email:</p> <p>_____</p> <p>___ Phone Number:</p> <p>_____</p> <p>_____ School:</p> <p>_____ Grade: _____</p> |
| <p>Minor Info:</p> | <p>Minor Info:</p> |

| | |
|---|---|
| <p>Name: _____</p> <p>_ DOB: _____ Gender: _____</p> <p>Email: _____</p> <p>__ Phone Number: _____</p> <p>_____ School: _____</p> <p>_____ Grade: _____</p> | <p>Name: _____</p> <p>DOB: _____ Gender: _____</p> <p>Email: _____</p> <p>__ Phone Number: _____</p> <p>_____ School: _____</p> <p>_____ Grade: _____</p> |
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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.