



Registration Form

“Helping the Behaviorally Challenging Child”

A 6-week course for helping children & teens with difficult-to-manage behaviors

Dates: January 12 – February 16, 2012

Parent or Guardian Name(s): _____

Mailing Address _____

City / Zip Code _____

Phone Number(s): _____

Email Address: _____

Child(ren) First & Last Name(s): _____

Child(ren) Date(s) of Birth: _____

Child(ren) Diagnosis: _____

Course Fee: \$120 per individual; \$180 for co-parents living in the same household. Class size is limited. Pre-registration is required. You will be contacted by phone/email prior to class by Debra Ann Afarian for pre-consultation She is available at (949) 333-6411 or dafarian@ucp-oc.org.

Amount Paid: \$_____ Make Checks and Money Orders out to **UCP-OC**

Payment: Check #_____ Money Order _____

Credit Card _____ (for credit card use additional form included)

Pay in person: Cash _____

Mail registration to:

Janet Winter

980 Roosevelt, Suite 100

Irvine, CA 92620-3664

Fax (949) 333-6441

Phone: (949) 333-6428

www.ucp-oc.org