

Putting Children 1st



Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Business Phone: _____

Confirmation Phone: _____

(Required if you want to receive a confirmation call)

Spouse's
Name: _____

Dates of the class I plan to attend:

Enclosed is my \$80.00 payment with:

Check (made out to *Family Service, Inc.*)

(There is a \$20.00 charge for returned checks.)

Visa Master Card

Expiration Date: _____

Name on card: _____

Signature: _____

Cut out and mail form to:



430 North Canal Street
Lawrence, MA 01840
(978) 683-9505
www.familyserviceinc.com