



650 Clark Way, Palo Alto, CA 94304
TEL 650.326.5530 FAX 650.688.3669
Teresa Borden 650-617-3806

PARENT EDUCATION COURSES

REGISTRATION FORM

Return to Teresa at
tborden@chconline.org

Course Name & Date _____ Child's Age _____ Fee \$ _____

Course Name & Date _____ Child's Age _____ Fee \$ _____

Course Name & Date _____ Child's Age _____ Fee \$ _____

Course Name & Date _____ Child's Age _____ Fee \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Method of Payment

1. Credit Card — Visa or Mastercard _____ 2. Check made payable to: Children's Health Council _____

Name as it appears on card _____

Credit Card # _____ Expiration _____

Billing Address Associated with card _____

Signature _____

If you have questions or require special accommodations, please call (650) 617-3806 or email Tborden@chconline.org. CHC is handicap accessible. PLEASE NOTE: Requests for refunds must be submitted in writing. No shows may be subject to a \$10 additional fee. For more information on the parent ed courses, please see our website at www.chconline.org.

Return completed form & payment to CHC