

# Family Solutions

*A Psychological Corporation*

27001 La Paz Road, Suite 254, Mission Viejo, CA 92691

(949) 462-0102 or (714) 939-1230

## REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Other Parent Name \_\_\_\_\_

Other Parent Phone Number \_\_\_\_\_

Other Parent E-mail Address \_\_\_\_\_

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Court Ordered                      YES                      NO

Court City / County \_\_\_\_\_

Restraining Orders                      YES                      NO

## PAYMENT INFORMATION

Check Enclosed                       Please charge my credit card:

Name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

I authorize my credit card to be charged \$395 for Family Solutions classes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date