



Circle of Security[®]

PARENTING SERIES

First and Last Name(s) of Attendee(s) _____

Privacy is important. Contact information will only be used for communication for the workshop event/workshop reminders. Your information will not be shared or used for any other purposes.

Phone: _____

Email: _____

Group Options (Check session preference. If available at multiple times, please rank session times in order of time preference)

- Thursdays, 11:00am-12:30pm, February 20-April 23
- I would like to be notified of future series. (May be offered on different days/times)

Ages of all children in the family: _____

Questions?

Attendance/Weather: Circle of Security sessions build on each other. Two or more absences may necessitate starting again in a future quarter. If you find yourself sick the night before or morning of the series, please notify Janae Mitchell (503.779.6822). We want to be respectful of participants and want you to care for yourself! Thank you for your respect of the time and energy required to run this series.

Group will be rescheduled if Salem-Keizer school districts are closed. Group will run at the normal time if schools begin 1-2 hours late.

Yes, I have read and agreed to the Attendance/Weather Policy.