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REGISTER NOW...

Strengthening Families Program

The Strengthening Families Program is a 14-session, science-based parenting skills, children's life skills, and family life skills training program designed for families with children 6-18 years of age. There is no cost for this program.

This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services



Parent/Caregiver Names & DOB:

Address:

City: _____ Zip Code: _____

Telephone: () _____

Names and Ages of youth ages 6—18:

Name & DOB: _____ Age: _____

Name & DOB: _____ Age: _____

Name & DOB: _____ Age: _____

Name & DOB: _____ Age: _____

Childcare Needed? If so, please list the name(s):

Any diet restrictions or food allergies?

_____	_____
Referring Organization	Address
_____	_____
Contact Person Name	Telephone Number

Our family is in agreement of participation in the Strengthening Families Program sponsored by Tennessee Voices for Children. If at any time we are not able to complete our agreement, we will promptly contact the Family Group Leader.

Parent/caregiver Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date/Time Registration Received:	_____
Registration Processed by:	_____
Scheduled for Participation in SFP Group #	_____

SFP Group #: