

# Family Support Saturday Registration

Family Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
email \_\_\_\_\_

Name of child with vision loss \_\_\_\_\_ Age \_\_\_\_\_  
Does your child have multiple needs (this helps us with planning ) \_\_\_\_\_  
Please list any information about your child that will assist the staff in child care and  
planning activities (medical, behavioral, vision, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Please list all the other people who will be attending the workshop:**

NAME	Age (children)	Relation to child (mom. sister, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of people attending \_\_\_\_\_  
**Fee is \$10.00 per person (maximum, \$40 per family).**  
Amount enclosed: \_\_\_\_\_ (make checks payable to FBC.)

**Please return this form with your payment before February 12 to:**  
**Jeanette Manley**  
**FBC**  
**1235 E. Harmont Drive**  
**Phoenix, AZ 85020**