



The Parenting Journey Facilitator Training Registration

I will be signing up for: PJ Facilitator Training – June 21st-June 25th, 2010 (9:30am-4:30pm) - Somerville/Boston

Name:		Today's Date:	
Title/Position:		Organization/Agency:	
Work Address:			
City:		State:	Zip Code:
Work Phone:		Work Fax:	Work Email:
Supervisor's Name:		Supervisor's Title:	
Supervisor's Work Phone:		Supervisor's Work Email:	
1. How did you learn about the training?			
<input type="checkbox"/> Family Center Staff Member		<input type="checkbox"/> Family Member/ Relative	
<input type="checkbox"/> Family Center Open House		<input type="checkbox"/> Friend(s)	
<input type="checkbox"/> Family Center Family Day		<input type="checkbox"/> Religious Institution	
<input type="checkbox"/> A Family Center Staff Member		<input type="checkbox"/> Newspaper/ Advertisement	
<input type="checkbox"/> Information Session		<input type="checkbox"/> DCF	
<input type="checkbox"/> Website: _____		<input type="checkbox"/> ACS	
<input type="checkbox"/> Webinar: _____		<input type="checkbox"/> Conference: _____	
<input type="checkbox"/> Agency: _____		<input type="checkbox"/> Court: _____	
<input type="checkbox"/> School: _____		<input type="checkbox"/> Other: _____	
2. I am planning to lead or co-lead a Parenting Journey I group in the next 6 months Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>			
3. What is the <i>HIGHEST</i> level of school that you have completed?			
<input type="checkbox"/> Elementary/Fundamental/Primary		<input type="checkbox"/> Technical School	
<input type="checkbox"/> High School/Secondary School/Intermediate		<input type="checkbox"/> College/University	
<input type="checkbox"/> Graduate School/Advanced Degree		<input type="checkbox"/> Other: _____	
4. Please describe your experience facilitating groups			
<input type="checkbox"/> Not at all experienced			
<input type="checkbox"/> Somewhat experienced			
<input type="checkbox"/> Very experienced			
4a. If you have facilitated groups before, which curriculum(s) have you used? _____ _____ _____			

5. Have you ever led or co-led a Parenting Journey group? Yes No Don't Know

6. Have you ever been trained in the Parenting Journey before? Yes No

6a. If yes, please identify how you've used your Parenting Journey training (*check all that apply*)

Led or co-led a Parenting Journey I group.
Was this within the last 2 years?
 Yes No

Supervised a Parenting Journey I group.
Was this within the last 2 years?
 Yes No

Other: _____

7. Will you implement the Parenting Journey in a language other than English?
Yes No Don't Know

7a. If Yes, what language(s)? _____

Training Fee: \$500.00 per Participant

This intensive five-day training includes breakfast, lunch, a copy of the Parenting Journey curriculum, program materials as well as ongoing technical support.

In order to ensure your space, payment must be received at least 30 days before the training start date.

Checks are payable to: The Family Center, Inc.

	Yes	No	N/A
8. Do you need your agency's approval for your attendance at this training and for payment for this training?			
9. Do you require an invoice or purchase order? (We will be happy to provide one.)			

Please submit your completed registration form to The Family Center:

By fax 617-625-2351

By email: parentingjourney@thefamilycenterinc.org

For any further questions regarding the training, please call Wanda Maisonet at: 617.628.8815

Note:

*All participants enrolled in the 5-day training are **required** to attend all 5 days in order to graduate.*