

“Mission: Fun With Friends”

Registration Form

Thursdays, August 26, September 2, 9, 16, 23, and 30 at 5:00-6:00 p.m.
Please register as soon as possible to assure your child a spot in the class. Please make check in the amount of \$195 payable to Mathias Counseling and Consulting and send to Mathias Counseling and Consulting, 11650 Lantern Road, Suite 136, Fishers, IN 46038
Form and payment must be received by **Thursday, August 19**. *Thank you!*

Child’s Name _____

Address _____

Grade _____ Age ____ School _____

Mother _____ Home Phone _____

Work Phone _____

Cell Phone _____

Mother’s Email: _____

Father _____ Home Phone _____

Work Phone _____

Cell Phone _____

Father’s Email: _____

Please indicate who may pick up your child after class if other than parent and their relationship to child: _____

Health issues we should be aware of: _____

Does your child have a diagnosis to be aware of? Yes No If yes, the diagnosis is _____

Please briefly describe any concerns you have about your son’s friendships or anything else you feel we should know: _____

(Use back if needed)

Mathias Counseling and Consulting

Helping you make sense of life.

11650 Lantern Road - Suite 136 - Fishers, Indiana 46038 ~ 317.578.2141

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