

I would like to secure a place on:

Incredible Years (School Age) Parenting programme April 2024

STOP April 2024

|  |  |
| --- | --- |
| Date |  |
| Name of parent: |  |
| Address: |  |
| Name of child/YP |  |
| DOB of child/YP |  |
| School attending/Yr group |  |
| Reason I would like to attend the course: |
| Hope to achieve from attending the course: |
| Does your child have a diagnosis or additional needs? |

Thank you for taking the time to complete this form.

We look forward to speak with you soon

