

**East Hartford Parent Leadership Training Institute Registration**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Will you need childcare?

Yes  No

# of Children

Ages

Ethnic/Racial Background (Optional) \_\_\_\_\_

What issues concern you for your children and other children in the community?

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

What skills would you like to learn to become a strong parent leader?

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

Please return this application as soon as possible to ChildPlan:  
55 Chapman Street, East Hartford, 06108.

Or email to [karen.childplan@yahoo.com](mailto:karen.childplan@yahoo.com)

**Deadline November 19, 2007**

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