



**Celebrating New Connections**  
 JFS Jewish Single Parent Family Retreat  
 Sunday, June 14, 2009  
 Registration Form



Parent's Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Email \_\_\_\_\_

Participating children's names and ages \_\_\_\_\_  
 \_\_\_\_\_

Family members not attending? \_\_\_\_\_

Length of time as a single parent family \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about this retreat? \_\_\_\_\_

Please complete this for all family members attending the retreat. This is to help in our planning and staffing.

Special dietary needs/Food allergies \_\_\_\_\_

Allergies/medical needs/ADA \_\_\_\_\_

Special needs (learning/emotional) \_\_\_\_\_

We will be including a participant contact list to facilitate new connections between families. This will be given out to all participating families. Please indicate what you would like to share in a contact list, beyond your names.

Please include this phone number \_\_\_\_\_

Please include my email

Please list my city/neighborhood

Please share our family photo (*this will be taken at the event*)

Please note:

Parents and children will be at the event all day either at the CRWEC or in the adjacent Rattlesnake Lake recreation area. During separate activities, staff will keep in touch and be available for emergencies by cell phone and/or walkie talkie.

Single Parent Family Retreat staff and counselors will have completed background checks. Screening and background checks are not done on participants. Your children should be with screened staff and volunteers any time that they are not with you.

Jewish Family Service staff and volunteers will respect participant privacy, but this program is non-clinical and non-confidential in order to allow us to better help parents connect with each other and the community.

Jewish Family Service reserves the right to deny participation to any registrant.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Suggested donation: \$50/family

Scholarships are available based on financial need. Please contact us to discuss this.

I am enclosing \$\_\_\_\_\_ for \_\_\_\_\_ members of my family to attend the retreat. Checks should be made payable to Jewish Family Service. Visa and Mastercard are accepted; please call to pay by credit card. Please note that our email is not a secure way to pay.

**Please submit your completed and signed application form and fee by Friday, May 29.**

Space may be limited, so register early! Late registrations may be accepted if space is still available.

**Return to:**

**Marjorie Schnyder  
Director of Family Life Education  
Jewish Family Service  
1601 -16<sup>th</sup> Avenue  
Seattle, WA 98122**

*The next page is a photo release form. Often we have wonderful photos from the retreat that would be ideal for JFS publications and advertising. Many of our families have been featured in our newsletter and on flyers. Sharing your photos is voluntary and is greatly appreciated. Please complete and sign a separate form for each family member that will be at the retreat (one per person). Thank you very much.*



JEWISH FAMILY SERVICE

Jessie Danz Building  
1601-16<sup>th</sup> Avenue  
Seattle, WA 98122-4000  
(206) 461-3240

### Jewish Family Service

SEPARATE AND INDIVIDUAL releases must be signed by each adult and by parent or guardian of each minor child appearing in photograph.

I hereby agree and consent to the use of the photograph hereinafter described for advertising and publicity purposes by Jewish Family Service or its subsidiary, Seattle Association for Jews with Disabilities, and I waive all claim for any compensation for such use or for damages:

Description of Photograph (optional):

Name of photographer (optional):

Name of Child (minor) photographed: _____ Signature of Parent or Guardian of Minor: _____
--

**OR**

Name of Adult photographed: _____ Signature of Adult photographed: _____
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Contact information for person photographed:

Street: _____ City: _____ State: _____ Phone: _____      Email: _____
--

Permission to use first name of child and name of adult is understood to be given by signature above, unless another arrangement has been made and is detailed in this document.

Return to:

Marjorie Schnyder  
Jewish Family Service  
1601-16<sup>th</sup> Avenue  
Seattle, Washington 98122-4000

**Participant information: We will use this information for planning future programs as well as at the retreat. Thank you for your input.**

Jewish growth or learning you'd like to gain

Topics of interest for parent activities (parenting, Jewish identity, communication, etc.)

Your interests and hobbies

Children's interests and hobbies

Have you attended past Jewish Family Service Single Parent Family programs? What did you enjoy?

Have you participated in other single parent family programs in the community? What did you enjoy about those experiences? Are you currently involved in these programs?

Have you used other JFS services? (optional)

Do you currently have any formal affiliations with the Jewish community? Please describe.

Anything else you'd like us to know? \_\_\_\_\_