

Office Use Only:
MO/Bank Check
Cash

Boston Graduate School of Psychoanalysis

Parenting Through Divorce: Supporting the Child

Registration Form

Please fill out this form and return it with the registration fee of **\$80.00**, as a money order, or cashier/ bank check payable to **BGSP** (personal checks are not accepted). If you have any questions, call 617-277-3915.

- First Meeting _____ Time _____
- Second Meeting _____ Time _____

Both sessions are required.

- Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

- Email Address: _____
- Referred by (name) _____
- Restraining order on (name) _____
- Children (DOB and gender) _____
- Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Please arrive on time for the workshop. Thank you.

Do not bring children. We are unable to provide childcare.

Spouse cannot attend the same class.

Boston Graduate School of Psychoanalysis

1581 Beacon Street, Brookline, MA 02446

Phone 617-277-3915 • Fax- 617-277-0312