



Start Date: 2-7-22

Time: 5:30 p.m.

**Location: 1st Class
in-person, Location
TBD; Zoom for
remaining 10
weeks.**

Instructors:

Rob Evans
Sheri Ross

CONTACT

PHONE:
(317) 776-5856

WEBSITE:
ParentProject.com

EMAIL:
Parent.Project@HamiltonCounty.in.gov

Empowering Parents. Transforming Teens.

- Learn how to never argue with your child again!
- Prevent or intervene in alcohol or drug use!
- Improve school attendance and performance!

See a short video preview for more information!

[Parent Project Introduction Video](#)

Hello from the Parent Project!

We are so excited you are interested in participating in this upcoming semester. To register and reserve your spot in the upcoming class please read and fill out the attached form in full. This will help us to understand some of your family dynamics as well as placing you with parents that may be dealing with similar issues. Not only will you benefit from learning excellent information and growing in practical skills to deal with strong-willed kids. You will also find the support you need as a parent to navigate the challenges you are facing. We want you to know that you are not alone. We have been providing this class to parents just like you for over 15 years and know this class can change the course of your family.

The class meets 1x per week for 11 weeks (excluding School Breaks/Holidays). The cost is \$80 (per family) for the whole class. There is no additional cost for a spouse or significant other. **The first class will be in-person, and you will be notified of the location by email several weeks prior to the class starting. The remaining 10 weeks will be on Zoom.** *Please note since this is a confidential class, while on zoom, we ask that you are in a private location which offers confidentiality and anonymity to the other participants in the group.*

Payment for the class needs to be made by a **cashier's check or money order** and must be made payable to the **Hamilton County Treasurer** (\$80).

Payment must be brought the first day of class. Upon payment you will receive the workbook for the class as well as a receipt of payment. If you have any questions, or concerns about payment, please feel free to contact us at (317) 776-5856.



Registration Form

Class Start Date:

Parent Name:

- Mailing Address:
- Telephone:
- Email:

Spouse/Significant Other Attending? Yes/No (circle)
(If yes, please list name and contact)

Spouse/Significant Other Name:

- Telephone:
- Email:

Age(s) of Children:

Name and Age of strong-willed child/children:

Problems you are experiencing with child/children:

Efforts you have made to modify behavior:

What you hope to gain out of this class:

Where did you hear about this class?

Please email this form to:

Parent.Project@HamiltonCounty.in.gov

(If you do not have the ability to email this form please contact us at (317) 776-5856.)

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