

**Our Parenting Place
Inquiry Form**

Parent's Name: _____ Parent's Name: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Email Address: _____ Email Address: _____

How Did You Hear About us:

RIE Center Friend Web Research Facebook CWC

Altadena Mom's Club Pasadena Mom's Club Macaroni Kid

Other (Explain) _____

Preferred Days for Attending Class

Mon Tue. Wed Thurs. Fri Sat Sun

Preferred Time (increments of 1.5 hours) for Attending Class:

Thank you, you will hear from us within 24-48 hours, you can contact us (626) 588-2945 or (424) 249-8128 or gmoshir@gmail.com, kirasol@sbcglobal.net, www.ourparentingplace.com