

## ***Nobody's Perfect Parenting Program – Workshop Registration Form***

Thank you for your interest in the **Nobody's Perfect** workshop! Please complete the form below to register. This information helps us plan a supportive and engaging experience for all participants.

**When:** July 8, 15, 22, 2026 from 1:00 – 4:00 pm

**Where:** 1821 Wellington Ave in the Main Boardroom

### **Participant Information**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Worker: \_\_\_\_\_

### **Areas of Focus**

Please list **2–3 topics or areas you would like to focus on** during the workshop (e.g., case plan objectives, communication, stress management, parenting tips, work-life balance):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Childcare Needs**

Will you require childcare?

Yes

No

If yes, how many children will you bring? \_\_\_\_\_

Age/s: \_\_\_\_\_

Please contact your worker at your earliest convenience if unable to attend.

**Please forward all registration forms to Alice Harper at [aliceh@ifnfs.ca](mailto:aliceh@ifnfs.ca).**