## **STRENGTHENING FAMILIES 2022 - Online**

The SFP program is an evidence-based family skills training found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. This program is offered by K-State Research and Extension Family and Consumer Sciences Agents across the state of Kansas. You can find your local FCS Extension Agent office at: https://www.ksre.k-state.edu/about/stateandareamaps.html

| Class       | Session Dates:  | To Re  | egister:   | Facilitator(s) Information:  |
|-------------|---|--------|--|--|
| A A A A A A | Sept. 19, 2022<br>Sept. 26, 2022<br>Oct. 3, 2022**<br>Oct. 10, 2022<br>Oct. 17, 2022                |        | Contact the lead facilitator listed.  Make an appointment to complete and turn in your registration form below.  Pick up your class resource folder  | Deb Andres, FCS Agent<br>Geary County K-State Research &<br>Extension<br>119 E. 9 <sup>th</sup> Street<br>Junction City, KS 66441<br>(785)238-4161<br>dandres1@ksu.edu |
| A A A A A A | Oct. 24, 2022<br>Oct. 31, 2022**<br>Nov. 7, 2022<br>Nov. 14, 2022<br>Nov. 21, 2022<br>Nov. 28, 2022 | ✓      | and DVD. Pay registration fee. (\$40)*** Access information for the online class will be provided to you at the appointment. Participants must complete ALL the sessions to receive a certificate of completion. | **These dates may need to be rescheduled. Date alternatives will be determined with input from active participants.  |
|             | Class Sessions ar   | e held | online weekly on: _Monday_   | from 12:45 to 2:00 pm.   |

|  | Class Sessions are held online weekly | on: _monday_ | Trom 12:45 to | o 2:00 pm. |
|--|---------------------------------------|--------------|---------------|------------|
|--|---------------------------------------|--------------|---------------|------------|

Complete the registration information below. Cut on the dotted line and bring the bottom half to your appointment. Save the top half for your records.

| First Name  |   |  |      |          |           |              |  |
|---|---|--|------|----------|-----------|--------------|--|
| First Name:   |   | Last Name:                                   |      |          |           |              |  |
| Address:  |   | City:  |      |          | Zip Code: |              |  |
| Phone Number:   |   | This is my:                                  | home | work     | cell      | phone number |  |
| How many children to you have:  | *   | What are their ages (list age of each child) |      |          |           |              |  |
| *Although this program incorporates parenting techniq<br>When possible, adults and children in this age range a |   |  |      |          |           |              |  |
| ***Please indicate how payment will b   | e made:   | Self-Pay                                     | / A  | gency Sp | onsored   |              |  |
| How did you hear about this class? Check all that apply: Flyer/Brochure   | Agency N  | ame & Locatio                                | n:   |          |           |              |  |
| Family Member   | Case Manager's Name:  |  |      |          |           |              |  |
| Friend<br>Radio/Media   | CM Email and/or phone number:   |  |      |          |           |              |  |
| Agency Referral (complete information in the box to the right)  | This information must be provided if your registration is being sponsored by an agency or organization. The agency will be contacted to verify payment. |  |      |          |           |              |  |

\*\*\*\$40 is required with registration. Participants can pay with cash or card (at the Geary County Extension Office address above) Personal checks will not be accepted.



K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Accommodations for persons with disabilities may be requested by contacting the event contact [insert name] two weeks prior to the start of the event [insert deadline date] at [insert phone number and email]. Requests received after this date will be honored when it is feasible to do so.