



**Family Support Center
Mail-in Registration Form**

South Shore Support Services
 317 Libbey Industrial Parkway Suite B300
 Weymouth, MA 02189
 (781) 331-7878 Ext. 19 (voicemail available)
 Fax: (781) 331-4882 Email: rmccorkle@southshoresupportservices.org

Participant's Name

Date of Birth **Sex** **M** **F**

Address **City** **State** **ZIP**

Home Phone **E-mail**

Emergency Contact Name & Number (different from Home Phone)

Program Name	Session(s)	Price	Subtotal
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Total: _____

Please provide your email address above if you would like confirmation of your registration.

- Method of Payment: (Checks payable to: South Shore Support Services)**
- | | |
|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Pay Pal |

✓ Enclosed payment and registration? Circle one - yes or no