

**Parenting Workshop Request**

*This is a request form for professionals who want an in-person workshop hosted at their site for parents they work with.  
If you are a parent and want to attend a workshop, call Gwen at 805-543-3700.*

What is your name? \_\_\_\_\_ Date of request: \_\_\_\_\_

What is your phone number? \_\_\_\_\_ Email? \_\_\_\_\_

What organization or school do you work for? \_\_\_\_\_

What is your position? \_\_\_\_\_

What is your business address? \_\_\_\_\_  
\_\_\_\_\_

What is the address that the parent workshop will be at? \_\_\_\_\_  
\_\_\_\_\_

What language do you want the parent workshop in? English \_\_\_\_\_ Spanish \_\_\_\_\_

What topics are you interested in for the Parent Workshop? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide best day of the week or 3 dates for the parent workshop to be on: \_\_\_\_\_  
\_\_\_\_\_

What time do you want the workshop at? Morning (8-10:30) \_\_\_\_\_ Evening (6-8:30) \_\_\_\_\_

Will you offer dinner or snacks at the parent workshop?

- Yes** *If yes, this is the organization or schools' responsibility to pay for, we will include the information on the flyer.*
- No**

Will you offer childcare at the workshop?

- Yes** *If yes, this is the organization or schools' responsibility to pay for, we will include the information on the flyer.*
- No**

What days and times work for you to have a meeting to confirm logistics for the workshop?  
\_\_\_\_\_

**Thank you for your parent workshop request. Email your completed request to Gwen at [gwen@cfsslo.org](mailto:gwen@cfsslo.org). If you have any questions, please call Gwen at 805-543-3700.**

**FOR INTERNAL PURPOSES:**

WHO IS THE EDUCATOR? \_\_\_\_\_

WHO IS THE CONTACT FOR REGISTRATION? \_\_\_\_\_

DATE AND TIME OF LOGISTIC MEETING: \_\_\_\_\_ FLYER DONE? \_\_\_\_\_

TITLE AND TOPIC OF WORKSHOP: \_\_\_\_\_

DATE AND TIME OF CLASS: \_\_\_\_\_