

**PERSPECTIVES COUNSELING SERVICES  
FAMILY PROGRAM  
REGISTRATION FORM**

Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

First Name of Client \_\_\_\_\_ Relationship to Client \_\_\_\_\_

**List any other family members who will attend:**

Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Age (If under 18) \_\_\_\_\_

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Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Age (If under 18) \_\_\_\_\_

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Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Age (If under 18) \_\_\_\_\_

**TO REGISTER:**

- 1) Mail this registration form to: Perspectives Counseling Services  
380 E. Fort Lowell, Ste. 122  
Tucson, AZ 85705
- 2) Fax this registration form to: (520) 628-4830
- 3) If there is less than 48 hours until the program starts and you would like to join, please call Crystal at (520) 628-4500 to register by phone.