



Family Education Training Center of Hawai'i
REGISTRATION FORM

FETCH Session: _____

Referred by: _____

CONTACT(S):

Adult Participants

Mother _____

Father _____

Other _____

Child Participants

Name _____ Age ____ M/F ____

Name _____ Age ____ M/F ____

Name _____ Age ____ M/F ____

Name _____ Age ____ M/F ____

Mailing Address:

Email Address:

Telephone:

Other Data: (Concerns, questions, follow-up information)

-----for office use-----

Needs follow up _____ Will attend _____

Please make check payable to FECH and mail to:

FECH
2440 Campus Road. #453
Honolulu, HI 96822.