



**STARTING STRONG
WORKSHOP FOR KIDS AGES 4 – 6
AND THEIR PARENTS**

Starting Strong Workshops are an introduction to People Safety Skills for young children ages 4-6. Storytelling, puppets and interactive role-plays teach children simple but powerful skills to: act aware and confident, set boundaries, stop unwanted touch, handle unkind words, be safe with strangers, and get help from adults effectively, even when they are busy. This two-hour training introduces everyday safety skills (NOT physical self-defense skills) and then guides adults in practicing these skills together with their children. This workshop helps answer the question, “How can we teach our children to be safe without scaring them?” in a fun, age-appropriate way.

Fees: \$45 per child. Discounts of \$10 will be given if more than one child enrolls from the same family in the same class. Limited scholarships may be available based on financial hardship considerations. Payment by Visa, MasterCard or Discover is also available. If you need a scholarship, please enclose a brief letter describing your situation and a payment of whatever you can afford.

To Register: Please send us the enrollment form with your payment to Kidpower, 10 Boulder Crescent, Suite 100, Colorado Springs, CO 80903. **We limit our workshop size and must have your deposit in order to reserve your spot.**

Please cut and keep the top portion for your records.

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Parent/Guardian Name: _____
Child: _____ Age: _____ Birthdate: ____/____/____ Nickname: _____
Child: _____ Age: _____ Birthdate: ____/____/____ Nickname: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Other: _____
Email: _____ How did you hear about Kidpower?: _____

- Date of Class: Saturday, September 17, 2011, 9am – 11am
 Saturday, November 12, 2011, 9am – 11am
 Saturday, January 28, 2012, 9am – 11am
 Saturday, March 10, 2012, 9am – 11am
 Saturday, May 12, 2012, 9am – 11am
 Saturday, July 21, 2012, 9am – 11am

I have enclosed payment for: One child (\$45) Two children (\$80)

Method of payment: Check
 Charge to my credit card: Visa MasterCard Discover
Card Number: _____ Exp. Date: _____ CVV Code: _____
Name as it appears on card: _____ Signature: _____

Are there any health problems or special circumstances that you would like us to know about your child(ren)? _____

