



# Project invest

(Parenting Course)

**a. Personal Particulars** (*Please indicate if 1 or 2 parents are attending*)

**Name** : \_\_\_\_\_ **Gender / Age** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**Contact** : \_\_\_\_\_ (H) \_\_\_\_\_ (HP)

**Marital status** : Married / Divorced / Single / Others

**Race** : Chinese / Malay / Indian / Eurasian / Others

**Occupation** : \_\_\_\_\_

**Educational Level** : Primary / Secondary / Diploma / Degree

**Children's particulars:**

No.	Age	Gender	Concerns (if any)
1		Male / Female	
2		Male / Female	
3		Male / Female	
4		Male / Female	
5		Male / Female	

**b. How do you get to know about Project Invest?**

**c. What would you like to learn from this workshop?**

To Register, please contact **Ms Crystal Tang** at Tel: 6753 7331 / Fax: 67532697 during Office hours or email: [hqtang@childrensociety.org.sg](mailto:hqtang@childrensociety.org.sg)