



Family Support Organization
of Bergen County

PARENTING WITH LOVE AND LIMITS

Parents, guardians, grandparents, caregivers: Are you finding yourself caught in a negative spiral of interaction with your **pre-teen/teenager (ages 11-18)**?

Do you find yourself...

- Fighting & arguing.
- Not communicating.
- Losing control of the positive direction you want for your family.
- Difficulty having positive feelings about your child.

Then, **attend** a 6 week free workshop sponsored by Family Support Organization of Bergen County (FSOBC), and learn proven strategies that will help you:

- Understand how your teen pushes your buttons to control situations.
- To respond differently to your teen.
- To learn how to contract with your teen for desired behavior changes.
- To learn how to establish a more positive pattern of interaction.

Each family will receive a very helpful book with information about empowering skills that are needed.

Dates: **6 Tuesdays: November 3rd, November 10th, November 17th, November 24th,
December 1st, December 8th 2015**

Time: 7:00 – 9:00 pm

Place: Family Support Organization of Bergen County
0-108 29th Street, Fairlawn, NJ 07410

Phone: (201)-796-6209, 102

Fax: (201) 796-1151

Email: lb@fsobergen.org

We have adult supervision for children over 5 years old while parents/caregivers participate in classes. Space is limited so register early.

This program may not be appropriate for families with youth who have Developmental/Intellectual challenges.

Please complete the registration form and return to the FSOBC prior to Thursday, October 29th. Any questions call (201) 796-6209 x102.

**All FSOBC Programs are at NO COST to participants.
Attendance at all 6 sessions is recommended.**



Please complete the registration form and send to the FSOBC prior to the registration date (Thursday, October 29th).
Registrations are accepted until the program is full.

**“Parenting with Love and Limits”
Registration Form**

🔗 NO COST TO YOU TO ATTEND 🔗

Parents and/or Caregivers Name:

Street Address:

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address:

Age of Child: (ages of all children)

Will you need adult supervision for children/youth during the workshop? Yes _____

No _____ If yes, please list the ages of the children requiring Adult Supervision: _____

(Optional) Program referral: a friend _____ FSOBC website: _____ School _____

Agency-(Please include name) _____ other referral _____

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Register by Thursday, October 29th

By Mail Family Support Organization of Bergen County, 0-108 29th Street, Fair Lawn, NJ. 07410

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Please check the FSO website for travel directions: www.fsobergen.org