

Parent Connections SAUK RAPIDS-RICE **community education** Where Learning is a Lifelong Adventure

Preventing Power Struggles

Whether it's a preschooler refusing to pick up toys, a 10 year old pushing to stay up late, or a teenager trying to avoid household chores, a child's resistance can make a parent's hair stand on end...

It's important to understand that all children are uncooperative at times. And at certain ages, especially during the toddler period and early adolescence, resistance and defiance are especially common as kids struggle to prove their independence.

Join us to learn strategies to help avoid power struggles and provide effective discipline for your child.

WHEN: Tues Apr 15, 6:00-7:45pm #2645

WHERE: SRR Middle School Door 1

COST: \$5 per family (Scholarships available)

(Workshop is funded in part by Resource Training and Solutions.)



We'll provide the pizza and childcare so YOU can connect with other parents about the joys and challenges of parenting that we all experience.

Casi Olson is a clinical Psychologist who will guide this discussion on preventing power struggles as you learn from her and other parents. Casi has shared her expertise with many parents. Grandparents and professionals are also welcome.

Pizza will be served from 6:00-6:30pm and childcare is available for ages 3-12 during the parenting presentation from 6:30-7:45pm.

Please register in advance for childcare and to ensure we have pizza for your family.

To register call 258-1577, mail the form below, or register online at www.SaukRapidsRiceOnline.org.

Sauk Rapids-Rice COMMUNITY EDUCATION Registration Form

Adult Name _____ Email _____

Address _____ City, State, Zip _____

Home Phone _____ Work _____ Cell _____

Children needing childcare: Name _____ Age/Grade _____

Name _____ Age/Grade _____

Name _____ Age/Grade _____

CLASS/EVENT #	CLASS TITLE	FEE
<input type="checkbox"/> 2645	Parent Connections- Preventing Power Struggles	\$5/family
TO PAY BY CREDIT CARD		TOTAL: _____
Name on Card: _____		_____
CC# _____	_____	_____
NUMBER	3-DIGITS (on back)	EXPIRATION
		Visa MC Discover

Statement of Release: I agree to release District 47 Public Schools, Community Education and its employees of all liability related to accidents or injuries which I or a member of my family might incur while participating in the activities listed above.

Adult Signature

Make Checks Payable to:

Community Education

Mail payment and form to:

Community Education

901 First Street S. Sauk Rapids, MN 56379

Office Phone: 258-1577

For Office Use Only

\$ _____ Cash/Check

\$ _____ Credit Card

Date Paid _____

Rcvd By _____

Receipt # _____