

**2024-2025 FOCUS ON THE FAMILY REGISTRATION FORM**

**You are applying to be considered for acceptance to the Community Cares: Focus on the Family Series. Thirty Families will be selected for this session.**

**Family Last Name:** \_\_\_\_\_

**First Name Parent:** \_\_\_\_\_

**First Name Parent:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Contact Phone#:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

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

**Child 1 Age:** \_\_\_\_\_ **Child 2 Age:** \_\_\_\_\_ **Child 3 Age:** \_\_\_\_\_ **Child 4 Age:** \_\_\_\_\_

**Other children(s) Age/Ages:** \_\_\_\_\_

**Why do you think your family is a good fit for this program? (You may include additional pages if needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return Form to:**  
[Info@positivelylinked.org](mailto:Info@positivelylinked.org) or  
Positively Linked  
PO Box 1763  
Oak Harbor, WA 98277



**Deadline:**  
**October 1, 2024**

**Out of the 6 pillars of Lifestyle medicine and the 8 Dimensions of Wellness what area/areas would you like to improve for yourself and your family? Why? (You may include additional pages if needed)**

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**I certify the following are true and accurate statements:**

- I have at least one child in 5<sup>th</sup> or 6<sup>th</sup> grade
- Our family lives in Island County
- I/We have the desire to improve at least 1 area in our life that pertains to the 6 pillars of lifestyle medicine or the 8 dimensions of wellness.
- Our family will committ to attending at least 3 activities throughout the series.
- Our family will commit to attending the 1<sup>st</sup> Family Dinner & Game night on October 19<sup>th</sup> at 5pm. (Location will be disclosed upon approval of application)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to the following requirement: I assume all responsibility and agree to indemnify and hold harmless Positively Linked, its officers, directors, employees and volunteers from any and all claims, products, and person(s) as a result of my/my family's participation in the Community Cares Focus on the Family Series.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent to and authorize the use and reproduction by Positively Linked of any photography taken at activities and classes related to the Community Cares Focus on the Family Series of myself and my family. These photos will be used for promotional purposes only for the series.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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