



Expectant Parents Group

Extend Family Class

RSVP Form

Adoptive Parent(s): _____

Preference of class time: _____

Family Members Attending Class

1. Name: _____ Age: _____

Relationship to adoptive parent: _____

Views on adoption: _____

How will this person support you in your adoption? _____

2. Name: _____ Age: _____

Relationship to adoptive parent: _____

Views on adoption: _____

How will this person support you in your adoption? _____

3. Name: _____ Age: _____

Relationship to adoptive parent: _____

Views on adoption: _____

How will this person support you in your adoption? _____

4. Name: _____ Age: _____

Relationship to adoptive parent: _____

Views on adoption: _____

How will this person support you in your adoption? _____

5. Name: _____ Age: _____

Relationship to adoptive parent: _____

Views on adoption: _____

How will this person support you in your adoption? _____

6. Name: _____ Age: _____
Relationship to adoptive parent: _____
Views on adoption: _____

How will this person support you in your adoption? _____

If needed, please add additional family members in your group.