

Parent Café Inquiry



Date of Inquiry: ___/___/___

General Information

Name: _____

Name of agency or program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Phone#: _____

Email: _____

Parent Café Need

Please check all that apply:

- Would like to offer a 3-part café series face-to-face
- Would like to offer a 3-part café series via ZOOM
- Would like to partner with other organizations in offering cafés
- Would like to offer parent cafés to an existing group of families
- I am a newly trained café coordinator and would like a co-lead
- I am a trained café coordinator seeking trained parent hosts
- I would like to learn more about SF Parent Cafés

Additional Information: (time frame, information about families, special requests etc.)

Send completed inquiry to NKSF@resilientchildren.org