What is Parenting with Love & Logic?

LOVE
allows children to grow through their mistakes
&
LOGIC
allows children to live with the consequences of their choices.

Parenting the Love & Logic Way is a 12-hour course based on the nationally recognized parenting theory that children learn best through natural consequences. When parents and children share control, children are given opportunities to develop good decision making skills. A certificate is awarded after the 12 class hours have been successfully completed.

This program is known as Parenting the Love and Logic, Way, a philosophy founded by Jim Fay and Foster W. Cline, M.D., and based on the experience of a combined total of over 75 years working with and raising kids.

Many parents want their kids to be well prepared for life, and they know this means kids will make mistakes and must be held accountable for those mistakes. But these parents often fail to hold the kids accountable for poor decisions because they are afraid the kids will see their parents as being mean. The result is they often excuse bad behavior, finding it easier to hold others, including themselves, accountable for their children's irresponsibility.

Parenting with Love & Logic teaches us that we should "lock in our empathy, love, and understanding" prior to telling kids what the consequences of their actions will be. The parenting course Becoming a Love and Logic Parent teaches parents how to hold their kids accountable in this special way.

About UBCSS

We are the largest not-for-profit provider of behavioral and mental health services in Cecil County with offices in Cecil & Harford Counties.

Our staff includes psychiatrists, psychologists, licensed social workers, licensed professional counselors, and clinical nurses.

We serve over 5,000 individuals annually with behavioral/mental health concerns and provide 12,500 individuals with community education services.

We accept most commercial insurances, medical assistance, Medicare, and private pay clients.

We are a 501(c)(3) non-profit organization donations to which are tax deductible to the fullest extent of the law.

Upper Bay Counseling & Support Services, Inc. is fully licensed by COMAR and the State of Maryland as a mental health provider.

Convenient Locations in Cecil & Harford Counties, Maryland

200 Booth Street
Elkton, MD 21921
410-996-5104
877-587-7750

1275-B W. Pulaski Hwy.
Elkton, MD 21921
410-620-7161
800-467-0304

626 Revolution Street
Havre de Grace, MD 21078
410-939-8744
866-939-8744

UB CSS

www.upperbay.org

Parenting the Love and Logic Way™

Love and Logic®

UB CSS

UPPER BAY COUNSELING & SUPPORT SERVICES, INC.

www.upperbay.org

Class Number	Date	Day of the Week	Time Start	/ Finish	Location *see below
2017 & 2018 Classes					
1	July 15th & 29th	Saturday	9 a.m.	3 p.m.	*Cancelled*
2	September 16th & 30th	Saturday	9 a.m.	3 p.m.	UBCSS Cecil
3	November 4th & 18th	Saturday	9 a.m.	3 p.m.	UBCSS Cecil
4	January 13th & 27th	Saturday	9 a.m.	3 p.m.	UBCSS Harford
5	March 10th & 24th	Saturday	9 a.m.	3 p.m.	UBCSS Cecil
6	May 6th & 20th	Saturday	9 a.m.	3 p.m.	UBCSS Cecil
7	June 10th & 24th	Saturday	9 a.m.	3 p.m.	UBCSS Harford

If you would like to participate in this parenting program, complete the registration form and return it *with payment* to:

Sarah Conaway
Upper Bay Counseling
& Support Services
200 Booth St.
Elkton, MD 21921

Class Locations

UBCSS Cecil
1275-B W. Pulaski Hwy.
Elkton, MD 21921

UBCSS Harford
626 Revolution St.
Havre de Grace, MD 21078

If you have any questions or need additional information, contact:
Sarah Conaway at
410-996-5104, Ext. 1201

Parenting the Love and Logic Way
REGISTRATION FORM

Name: _____

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Check the class that best applies to your schedule

Payment Information

☐ Class 1 ☐ Class 2 ☐ Class 3
☐ Class 4 ☐ Class 5

Payment is due at registration

r $150 per person r $200 per couple

r **Payment by Money Order & Cash**
(*Make Money Order payable to UBCSS & mail to: Office of Development, 200 Booth St., Elkton, MD 21921*)

r **DSS Voucher** (*must have on file by the first class*)

- DSS Worker name:_____
- Contact Phone:_____

r **Visa/Mastercard/Discover**

Card # _____ Exp. Date _____

Signature:_____