Hope Center Parenting Class Registration

Thank you for your interest in attending our Parenting Classes. We are excited to help you in this adventure of parenthood.

Along with this application you should receive a **flyer** further explaining the parenting classes.

Please take a couple moments to **fill out** this form and **return** it to Hope Center. Returning this completed form will register you for the next sessions offered. It is recommended that you take the **classes nearest your due date**.

Please note that you can only register for a class the month before it starts.

Circle the month of classes you are registering for: March May August November

Please complete this section for those who plan on attending the Parenting Classes.

Mother's Name:	DOB:
Phone Number:	
Can Hope Center call, ID, and leave a message: Yes / No	
Have you been to Hope Center for services: No / Yes	
If yes, when:	
Ages of other children:	
How did you hear about the Parenting Classes?	
What do you hope to gain from the Parenting Classes?	
Father's Name:	DOB:
Phone Number:	
Phone Number: Can Hope Center call, ID, and leave a message: Yes / No	
Can Hope Center call, ID, and leave a message: Yes / No	
Can Hope Center call, ID, and leave a message: Yes / No Have you been to Hope Center for services: No / Yes	
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The baby's Due Date or Date of	Birth:	
If known, name and sex of baby:		
Are you expecting multiples: No	/ Yes, If so	how many?
Parenting Classes. This is to prom Parenting Classes are geared tow When a toddler/child is older, Ho	note safe slo ards expect ope Center r	R an infant car seat to each family completing the eeping/travel options for infants. Although the ting parents, parents of infants can also earn a crib. reserves the right to evaluate the need for a crib/car e a crib/car seat one time with no time constraints.
If you are <u>not</u> in need of a crib/ca you are welcome to join us as we		would just like to attend the parenting classes, then
Please note: In order to receive need one.	a crib/car	seat you must mark on the application that you
Upon completion of <u>ALL FIVE</u> ONE of the following):	<u>PARENT</u>	ING CLASSES, I would like to receive (circle
CRIB/MATTRESS	OR	INFANT CAR SEAT
Please sign and date this form to to the terms on this form and the		at you have completed this form and are committing
Mother:		Date:
Father:		Date:
Please feel free to call Hone Cent	ter at 423-6	38-5433 to ensure your application was received. I

Please feel free to call Hope Center at 423-638-5433 to ensure your application was received. If you have registered at an inappropriate time or for a class that is full, then you will be notified.