

Families of Promise



REGISTRATION PACKET



Families Of Promise

What is Families of Promise?

Families of Promise is a seven week program for expecting parents/caregivers that live in the Hudson City School District. The program is modeled after the highly successful Harlem Children's Zone Baby College®. Many topics will be explored during the sessions including; nutrition, immunizations, developmental milestones, safety, and discipline. Each week participants will receive resources and materials to take home. There will also be specialized workshops that the participants can choose from including pre-natal yoga, knitting classes and workshops for dads. The program and all incentives are being offered **free of charge** to any expecting parents that live in the Hudson City School District.

Why should I participate?

There will be exciting workshops and activities that support you in preparing for the birth of your child. Additionally, there will be many giveaways and raffles, including the possibility to win one month's rent (up to \$500). Breakfast and lunch will be provided.

How will I be selected and notified?

Families of Promise will randomly select up to 25 applicants to participate in the program. The deadline to submit registration forms is **August 2, 2013 at noon**. All applicants will be notified by **Tuesday, August 6th**.

When will it take place? Who will be providing workshops?

It will begin on Saturday August 10, 2013 and continue for seven Saturdays from 8:30-1pm. Breakfast will begin at 8:30am, classes will begin at 9am. The Greater Hudson Promise Neighborhood, in collaboration with many community agencies, will be providing workshops for soon-to-be parents.

Where will it be located?

All workshops will be held in Hudson, NY. Please call for details.

How can I register?

For more information or to register please contact The Greater Hudson Promise Neighborhood at:

(518) 828-8660 or ghpn@cathcharcg.org or www.ghpn.blogspot.com

PLEASE RETURN THIS FORM TO:

431 E. Allen Street in Hudson, NY
or
Fax to (518) 828-4016



Families of Promise

Registration Form

Name _____

Address _____

Telephone Number

Home _____

Cell _____

Email address _____

Will you be attending with a partner? _____

Will you need child care? YES or NO _____

If Yes, how many children and what ages? (Please fill out Child Care Registration Form)

When is your due date? _____

Do you plan on delivering at Columbia Memorial Hospital? _____

If No, where do you plan on delivering? _____

What is your first language? _____

I understand that all information and resources given to me by *Families of Promise* is for educational purposes only. It is not to be used as a substitute for regular medical care for myself or my child.

Signed _____

Dated _____



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Child Care Registration Form

Name of Child _____

Address of Child

Birth date/Age of Child _____

Will your child need a nap between 9:00am-1:00pm YES or NO

Any known allergies/special needs

Contact Information of Person Registering Child

Name _____

Address _____

Telephone _____

Relationship to child _____

Name(s) of other individuals who may pick up the child

**Please note: If you child takes a bottle, needs diapers or has other dietary needs, please provide upon arrival