

STEP-BY-STEP

CUMBERLAND COUNTY HEALTH DEPARTMENT

Parenting Class Registration Form

Please complete and return as soon as possible:

Name: _____

Address: _____

Phone Number(s) Home: _____ Work: _____ Contact: _____

Are you a first time parent? _____ If not, what are the ages of your children: _____

How did you hear about the Parenting Class?

Your Doctor _____ Friend _____ Family Member _____ Newspaper _____

TV _____ Other _____

What is your Care Coordinator's Name: _____

Each step will be fun and allow you to meet other parents and share your parenting tips.

Please plan for someone to take care of your child(ren) so that you can enjoy the

classes without worry. However, if you cannot locate a sitter and must bring your

child(ren) with you, list their ages below so that we can plan activities for them.

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(For Staff Use Only)

Class Date: _____ Instructor: _____