FOR OFFICE USE ONLY:	
Date application submitted:	
Date to start HOPE:	
Been here before?	
Client Advocate's name:	

2nd Corinthians 1:10 "...on him we have set our **HOPE** that he will continue to deliver us..."

H.O.P.E. Enrollment Form

Name	Cell Phone # ()		
Home Phone # ()	Other Phone # ()		
May we identify ourselves when v	we try to contact you? Yes No		
YOU WILL F	RECEIVE <mark>A TEXT</mark> (<mark>979-401-2747</mark> TEXT ONLY)		
REMINDI	NG YOU OF YOUR CLASS START DATE.		
Mailing Address	Apt.#		
City	TX Zip		
Date of Birth Age1	Email :		
Marital Status: (circle one) Single	Married Common-law Separated Divorced Widowed		
Baby's Due Date//			
Baby's Father's name	Supportive? Unsupportive?		
Do you have other children? Yes	3 No		
How did you hear about H.O.P.E.	?		
What attracts you to this program?	?		
What have you considered for th	he future of your baby (adoption, single parenting, living with		
relative, parenting with the father,	, etc.)? Please explain:		
Do you feel supported during this	s pregnancy? Yes No Please explain:		

I attend church: _	_more than once a month	less than once a month	not on a regular basis
The church I atten	nd		
I would describe 1	my relationship with Jesus a	as	
Signature:		Date:	
	· · · · · · · · · · · · · · · · ·	gency, please contact:	
To Whom It May C	oncern:		
to be used in any pu	ublication or on the internet we sole property of the Pregnanc	eb page of the Pregnancy Help	icture and/or my baby's picture Center. All photos are
	Signature		Date
	Witness		Date

We apologize that children are not allowed at the Center during H.O.P.E. classes.

EVERYTHING YOU NEED TO KNOW ABOUT H.O.P.E.: (Help Offered in a Pregnancy Experience)

- * Completed HOPE enrollment form must be turned in and reviewed by a staff person at least 24 hrs. before the first class begins.
- * The baby's father is encouraged to attend. If the baby's father is unable to come, you are welcome to invite a friend or family member to come with you. The people you bring also earn Baby Bucks for your baby!
- Phase I will consist of the following:
 - Finances
 - o Read to Me
 - o Nutrition
 - Bible Study

Two-week break . . .

- Phase II will consist of the following:
 - Bible Study
 - o Childbirth
 - Parenting
 - o Effective Discipline

Two-week break

- Phase III will consist of the following:
 - Shaken Baby/ Breastfeeding/ Infant CPR/ Intro to Baby Signs
 - o Bible Study
 - Newborn Care
- Quarterly you will hear topics on:
 - 8 cues for making a good first impression- True To Life Ministries
 - o Post-Partum Depression
 - Dental Hygiene

We want your experience with H.O.P.E. to be a great one!

- Classes are on Tuesdays from 5:00 p.m. 8:00 p.m. Please be on time! The HOPE entrance on the side will be locked at 5:01 p.m. If it is locked, you will need to enter through the front of the building and sign in. We will get you to class.
- If someone is picking you up, please have them here by 8:00pm. You will exit through the side door.
- If you are going to be late or will miss a class, call us ahead of time and let us know (979-297-3622).
 Missing 2 classes or being habitually late will prevent you from graduating from that Phase. You may attempt classes again at a better time for your schedule.
- We love children and babies, but they may not attend your class...except for the one in your belly. 😊
- You are welcome to bring a drink with a lid on it. Dinner will be provided for you, so you will not need food.
- Our teachers are volunteering their time. Please be considerate of them during class and turn off your cell phones.
- Confidentiality is extremely important. Please assist us by maintaining the privacy of your fellow parents, do not discuss other students, their names, or their situations outside of H.O.P.E. class. Compliance with our confidentiality policy allows all parents to feel confident, safe and able to participate.
- Graduation will be held on the last Tuesday of each Phase around 8:00 PM. You may invite family members to attend and celebrate with you. They will enter through the front door, and we will escort them to the back.
- A TEXT will be sent to you about one and a half weeks prior to your starting date. Please answer as soon as possible to let us know if you will be attending. If anyone will be coming with you, please let us know.
- Notify us if your contact information changes so we can send you a reminder of class. We may also need to contact you during the program, especially in the case of a weather emergency.
- Regarding Smoking- you may take a smoke break during your 30-minute meal break.
- You agree to have your support person read these guidelines before coming to class.

We are proud that you have made this commitment, and it says a lot about you because you are willing to give up some of your time to be the best parent you can be.

I have talked with the Staff at the Pregnancy Help Center and understand what is required of me to attend the H.O.P.E. program.

Signature of client Signature of PHC Staff

Additional Classes Offered:

Car Seat Class What's This Thing Called Parenting