

# Strong Families

Completed by: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Join STRONG FAMILIES NOW!

GET *CONNECTIONS FOR STRONG FAMILIES*, A FAMILY FRIEND, ACCESS TO PLAYGROUPS FOR KIDS AND FAMILIES, PARENT-CHILD ACTIVITIES, AND MANY OTHER FREE ACTIVITIES JUST FOR JOINING STRONG FAMILIES.

PARENTS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHILDREN LIVING IN THE HOUSEHOLD:

NAME	AGE	BIRTHDATE (OR ANTICIPATED DELIVERY DATE)

What language is spoken at home? \_\_\_\_\_

I understand that participation in STRONG FAMILIES is voluntary. I also understand that STRONG FAMILIES is a network for family activities and support and that specific activities will be offered by different organizations. For purposes of program evaluation, I give permission to STRONG FAMILIES to record or obtain information about my family's participation in various activities.

DATE (mm/dd/yy): \_\_\_\_\_ SIGNATURE \_\_\_\_\_