

Fort Carson Nurturing Hope Program
Nurturing Hope Registration Form

Date: _____

Name _____ Rank _____ DOB _____

Email Address _____

Home/Cell phone _____ Work phone _____

Best time to call _____

Home Address _____

City _____ State CO Zip code _____

Spouse/Partner's Name (if applicable) _____

Rank _____ DOB _____

Email Address _____

Home/Cell phone _____ Work phone _____

Best time to call _____

Other child/adult family members attending class or residing in your home:

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Fort Carson Nurturing Hope Program

In order to provide the highest quality program to your family, we ask that you answer the following questions. Please know that all answers are kept strictly confidential.

How did you hear about our program?

What are you hoping to get out of our program?

If you are mandated by a court or another entity to attend this program, please briefly explain why.

Do you or your children have any allergies or special medical conditions that we should be aware of? If so please list the allergy or condition below along with the individuals name.

Fort Carson Nurturing Hope Program

Please describe any challenges your family is experiencing at the current time. (For example: deployments, illness, divorce, etc.)

Please describe your strengths as a family.

Please describe areas that you could improve as a family.

Please describe your strengths as parents.

Please describe areas that you could improve as parents.

*Email to: Katherine.l.hopkins6.ctr@army.mil
Phone: 719-960-6435

Limits of Confidentiality

Information regarding your participation in this program is considered confidential. However, there are limits to this confidentiality and they are listed below:

- If you report that you intend to harm yourself.
- If you report that you intend to harm someone else.
- If child, spousal, or elder abuse is suspected.
- If your commander has released you from work to attend this program he/she may request information about your attendance and participation.

If you would like us to share information about your participation in this program with anyone else, please list his or her name, position, address, and phone number below

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I _____ have read and understand the above information regarding the limits of confidentiality. I understand that the facilitators of the nurturing program will not be able to release information regarding my participation to other interested parties without my formal written consent.

Signature _____ Date _____

Facilitator's Signature _____ Date _____

Nurturing Hope Program Expectations

1. Due to the fact that we have only 12 sessions, it is essential that you make it to every class. In the case of emergencies, you can miss no more than 2 classes and still receive a Nurturing certificate.
2. Practice at home, topics discussed from each week's class.
3. Complete the home practice every week. Be ready to share your observations with the class.
4. Nurturing family time activity is a required part of the class.
5. Due to group growth no new members (friends, spouse, or relatives) are allowed to attend if not enrolled in the Nurturing Hope Program.
6. All discussion should be shared, focused on self and family, honest, confidential, and courteous.
7. All information disclosed by members of the group must be kept confidential. It is not to be discussed with anyone who is not enrolled in the Nurturing Hope Program.
8. If you plan to arrive late or leave early due to an emergency, please contact facilitator prior to class.
9. DO NOT bring sick children, you will be asked to leave.
10. Due to reasons of liability, you may bring only your own children. If you care for other children they will need alternate care on these mornings.
11. Be on time. Nurturing Hope starts at 1600 (4:00 pm). So that we have time to prepare for class, the doors will not be opened until 15 minutes before class.
12. Cell Phones may be brought to class and left on silent mode. We allow this so that family members with a deployed soldier may be reached. However, we do ask that if you take a call during class that you please leave the classroom. We also ask that there is no text messaging during class time or family time.
13. Come ready to learn new information, be open to new ideas, and ready to share your own.
14. Have fun!
15. Certificates are given to participants that have high participation, completed homework/home practice, and have followed the Nurturing Hope Expectations.

I have read and understand the above expectations regarding the Nurturing Hope Program. I understand that failing to uphold these expectations may result in my inability to receive a Nurturing Hope Program Certificate and possible dismissal from the program.

Parents Signature _____ Date _____