



Healing Families Initiative  
EST 2021

For office use only

Date Received: \_\_\_\_\_

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## Healing Families Initiative LLC Nurturing Parenting Skills Enrollment Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Partner's Name (if applicable): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Please initial in ONE or BOTH spaces below indicating your correspondence preference(s).***

I agree to receive correspondence via \_\_\_\_\_ Text Message and/or \_\_\_\_\_ Email from Healing Families Initiative.

In case of an **emergency**, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any conditions we need to be aware of in case of an emergency: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_

How did you hear about Healing Families Initiative? \_\_\_\_\_

Why are you interested in learning Nurturing Parenting Skills? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## About Your Child/Children

**Child's Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your favorite characteristic of this child: \_\_\_\_\_

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Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your favorite characteristic of this child: \_\_\_\_\_

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Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your favorite characteristic of this child: \_\_\_\_\_

## Permissions and Acknowledgements

\_\_\_\_\_ I wish to participate in the programs and/or events of Healing Families Initiative LLC (“HFI”).  
Please Initial

\_\_\_\_\_ I agree not to hold HFI, its members and/or volunteers liable for any injury or accident which may occur during my participation in the programs and/or events of HFI.  
Please Initial

\_\_\_\_\_ I do hereby authorize HFI’s use of my photograph and/or video image in printed material, social media, websites, etc. for both internal and external promotional and corporate purposes. HFI shall own all rights to such photographs and/or video images.  
Please Initial

\_\_\_\_\_ I authorize HFI to obtain medical care for me in the case of a medical emergency. I understand that I am financially responsible for the care given and that efforts will be made to contact the designated emergency contact listed in this application.  
Please Initial

\_\_\_\_\_ I will cooperate with HFI, its members and volunteers to ensure I demonstrate good conduct and comply with policies and procedures of HFI.  
Please Initial

\_\_\_\_\_ I understand that this consent is effective from the beginning of my participation in the programs and/or events of HFI and will continue as long as I participate in the programs and/or events of HFI.  
Please Initial

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Participant’s Printed Name

\_\_\_\_\_  
Date