

FAMILIES UNDERSTANDING NURTURING (FUN) PARENTING SUPPORT GROUP INITIATIVE Cornerstone Family Worship Center Church of God

1918 West 5th Street / Post Office Box 1763 Washington, North Carolina 27889



Check Appropriate Box	Families U	nderstanding Nurti	O (/	☐ Parent Support Group (Must have successfully completed FUN Program)	
Fill Out Completely				, 1	
N. (D/)	Date:				
Address:					
	(Street and / or Post Office Box, City, State and Zip Code)				
County of Residence:	Email Address				
Telephone: Work:	Home:Cell:				
CHILDREN'S INFORMATION: Fill (Children In	formation Out Cor	npletely		
<u>Name</u>	Age	Date of Birth	Gender M or F	Child Care Site or Grade in School	
Ethnicity: Please Circle African American Caucasian Need transportation? Yes Need Need Need Need Need Need Need Ne	Latin o □ lications, or	no/Hispanic special dietary need	American	Indian Asian Other ember has that we should know about?	
How did you hear about the FUN pro	gram?	OSC THE BACK OF	tins form if not	chough space	
	_				
	_				
D 1.14					
Case Worker / Counselor Name					
	Cell:				
E-mail:					
Parental Consent: By signing above commit to participate and adhere to				Families Understanding Nurturing Program and	

RETURN APPLICATION BY FAX, MAIL OR EMAIL

PHOTOS WILL BE TAKEN OF PARTICIPANTS AS PART OF THE CORNERSTONE FAMILIES UNDERSTANDING NURTURING PROGRAM FOR IN HOUSE PURPOSES

Contact: Phone: (252) 946-6109 Fax: (252) 623-2056 E-mail: cfwcfunprograms@gmail.com

ONLY. PHOTOS WILL NOT BE USED FOR SOCIAL MEDIA OR NEWSPAPER PUBLICATION.