

In this program you will have the opportunity to learn about pregnancy and parenting skills. Parents participating in EWYL will meet once a week for one hour with a peer-mentor for lessons. Lessons are taught through DVD and worksheets. Through participation 'Baby Bucks' (vouchers) can be earned to use in the *Baby Shop*. Items include new and gently used maternity clothes, baby clothes, accessories, and furnishings. The prices of items are posted in the *Shop* and can be redeemed with 'Baby Bucks' upon availability. The WCPC reserves the right for decisions of availability and pricing for all of our resources. The EWYL program is designed to meet the needs of parents who may feel the need for extra support in preparing for parenthood.

### Contact Information

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

Your Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone [primary] \_\_\_\_\_  ok to leave message \_\_\_\_\_  ok to leave message

**Help us get to know you better so we can best serve your needs...**

### Marital Status [please check one]

Married  Separated  Divorced  Single  Living Together  Widowed

### Living Situation [please check one]

Alone  Boyfriend  Husband  Roommate(s)  Parent(s)  Family  Other \_\_\_\_\_

### Support System

Describe your support network:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will a support person/partner be attending classes with you?  No  Yes **If so, who?** \_\_\_\_\_

### Concerns

What are your primary concerns regarding pregnancy and parenting?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Pregnancy Information

Are you pregnant at this time?  No  Yes **If yes, what is your due date?** \_\_\_\_\_

Do you have other children?  No  Yes **If yes, please list below**

Child's Name	Sex	Age	Lives with you?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SEE BACK SIDE →

**Availability**

Appointments are for one hour per week. It is our desire to work to the greatest ability to accommodate all client schedules. However, there are some circumstances in which we may not be able to accommodate all requests.

**Note:** The more flexible you are in your schedule, the sooner we will be able to start you in the *Earn While You Learn* program.

**Please check all days and times that you are available.**

Mornings (10:00-1:00)  Monday  Tuesday  Wednesday  Thursday  Friday  
Afternoons (2:00-5:00)  Monday  Tuesday  Wednesday  Thursday  Friday

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**Program Goals**

Please tell us what you hope to gain through participation in the *Earn While You Learn* program. Please also note specific goals you desire to achieve and any special topics you would like to learn about in regards to becoming the best parent you can be. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I agree that I will be solely responsible for inspecting and determining the fitness and safety of any material items I receive in connection with the *Earn While You Learn* program. I agree to hold harmless the WCPC and/or any of its employees and agents with respect to any and all claims of whatever nature arising out of my participation in the *Earn While You Learn* program and/or my receipt of any items in connection with such program. **I understand that at any time my participation in the *Earn While You Learn* program may be revoked as deemed appropriate by clinic staff.** I have read and understood the above information.

I give permission for pictures of myself and/or child(ren) taken at the WCPC to be used for WCPC publications using first names only. \_\_\_\_\_ [please **initial**]

Please do not use pictures of myself and/or child(ren) taken at the WCPC. \_\_\_\_\_ [please **initial**]

Signature of Recipient \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

WCPC Staff or Volunteer \_\_\_\_\_ Date \_\_\_\_\_

EWYL Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Clinic Follow-Up
Date____ By____ Notes_____
Date____ By____ Notes_____
Date____ By____ Notes_____
Date____ By____ Notes_____
Date____ By____ Notes_____

Class Information
Start Date _____ Clinic Volunteer _____
Notes/Special Instrutions _____
_____

The Whatcom County Pregnancy Clinic (WCPC) is a faith-based, nonprofit organization. All of our services are free to the client regardless of age, sex, race, income, nationality, religion, disability, marital status, or other arbitrary circumstances. We offer pregnancy tests with ultrasound when medically indicated, educational information, resource information, and access to the *Baby and Me Shoppe* through the *Earn While You Learn* program.