

Nurturing Families Network



Parenting Group - Start Up/Ending Form

(Please circle "Start Up" or "Ending")

Name of Program Site: _____

Nurturing Coordinator: _____

Phone Number: _____ Orientation Date: _____
(If applicable)

Start Up Date: _____ Is the Child Development Info line aware of
(Enrollment accepted up to the end of 3rd session) Group beginning? Yes ___ No ___

Anticipated Ending Date: _____ Actual Ending Date: _____

Of Parents at start of group: _____ # of Children at start of group: _____

Of Parents at End of group: _____ # of Children at End of group: _____

Number of Women enrolled: _____ Number of Men enrolled: _____

Type of Nurturing Curriculum Used: _____

Number of Weeks for Group: _____

Location of Group: _____

Day/Time of Group: _____

Name of Co-facilitators: _____

Name of clinical supervisor for facilitators: _____

Facilitators for children's group: _____

Transportation Provided: Yes _____ No: _____

Food Provided: Yes _____ No: _____

Please make a note of any special circumstances about these groups: _____

Start-Up & Ending Forms MUST be faxed or emailed to the Children's Trust Fund
FAX: (860) 424-4966

If open enrollment, please fax a flyer to Child Development Info line (860-571-6853) one month prior to the starting date.