

PARTICIPANT REGISTRATION

A 4-week Christian fatherhood mentorship program • Foothill Pregnancy Center

Cohort Start Date: _____	**Day / Time:** _____	**Location:** _____

YOUR INFORMATION

Full Name: _____	**Preferred Name:** _____
Phone: _____	**Email:** _____
Mailing Address: _____	**City / ZIP:** _____
Best way to contact me: ☐ **Call** ☐ **Text** ☐ **Email** _____	**How did you hear about us?** _____

ABOUT YOUR FATHERHOOD JOURNEY

Which best describes you? ☐ Expectant father ☐ New father ☐ Father of young children ☐ Father of teens ☐ Step / foster / adoptive father ☐ Other: _____

Children's ages and/or baby due date (optional): _____

What would you most like to gain from Foothill Fathers? _____
_____

PROGRAM COMMITMENT

☐ I understand Foothill Fathers is a Christian-based 4-week mentorship program focused on practical fatherhood skills, faith, relationships, and personal growth.
☐ I will make every effort to attend all four sessions and participate respectfully.
☐ I give Foothill Pregnancy Center permission to contact me regarding this program using the contact information above.

Participant Signature: _____	**Date:** _____
Emergency / alternate contact (optional): _____	**Phone:** _____

You do not have to be a perfect father to make a powerful difference. Be present. Be teachable. Keep showing up.

FOR FPC USE: Registration received: _____ Cohort: _____ Mentor / leader: _____ Follow-up needed: ☐ No ☐ Yes