



**PROGRAM ENROLLMENT & ATTENDANCE RECORD**

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The program I'm enrolling in: \_\_\_\_\_

**Visit 1: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Program Director/Coordinator)

**Visit 2: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Program Director/Coordinator)

**Visit 3: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Program Director/Coordinator)

**Visit 4: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Program Director/Coordinator)

**Visit 5: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Program Director/Coordinator)

**Visit 6: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Program Director/Coordinator)

**Program Director/Coordinator:** This completed and signed form must be returned to ComfortCare Women's Health for the client to receive material support from us. Your signature will confirm her/his attendance at each class. Thank you for the support and encouragement you give through the classes you offer.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
(Program Director/Coordinator)

**Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**ComfortCare Client:** I give my permission to ComfortCare to contact the program listed above to confirm my enrollment and attendance. This form must be turned into ComfortCare Women's Health in order to receive your Baby Essentials Kit/Coupon and free monthly materials.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(ComfortCare Client)