



HEALTHY MOM, HEALTHY BABY REGISTRATION FORM
Chowan/Perquimans Smart Start Partnership

409 Old Hertford Rd., Edenton, NC 27932
TEL: (252) 482-3035 -- FAX: (252) 482-1324

Healthy Mom, Healthy Baby Program

This program provides health education and specifically addresses topics for pregnant and new mothers (and fathers); such as labor and delivery, breastfeeding, postpartum depression, safe sleep, safety in the home and car, nutrition in the first year, and caring for an infant. Healthcare professionals from Albemarle Pregnancy Resource Center and Clinic, ECU Health Chowan Hospital, Albemarle Regional Health Services, ENC Peds Pediatrician, a former Labor and Delivery Nurse, Safe Kids Chowan County, and the Albemarle Maternal Mental Health Coalition partner with us to co-facilitate the classes with our staff.

Topic-based incentives are given at each class (for example a sleep sack for the Safe Sleep class), as well as information on local, regional, state, and national resources. Graduates receive a very nice 'grow with the child' car seat installed by a Safe Kids trained Car Seat Safety Technician. Two weeks or so after the due-date, we do a follow-up call with the mother to see how is she doing and to get the birth date and weight for our metrics. If there are any issues that the mother needs help with, we provide assistance in directing them to the proper agency at that time – especially with postpartum depression.

Classes are limited to ten mothers and their baby's father, or their support person (normally a grandmother). We do two classes a year (September – November and January – March).

Our goal is to provide information to our new parents to help them feel secure in their parenting skills and to know where to go when they need help.

Please Print

Date: _____

Name: _____

Address: _____

(If PO Box Please include street address as well)

County of Residence: _____ Zip Code _____

Telephone: Work: _____ Home: _____ Cell: _____

Email: _____

Are you: ☐ Mother ☐ Father ☐ Other _____

☐ Native American/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino

☐ Middle Eastern/N. African ☐ Hawaiian/Pacific Islander ☐ White ☐ Other _____

Highest education received: ☐ Some High School ☐ High School Diploma/GED ☐ Some college

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree or higher

Employment: ☐ None ☐ Part-time job ☐ Full time job

Health Insurance? ☐ Yes ☐ No

Medicaid? ☐ Yes ☐ No

HealthChoice? ☐ Yes ☐ No

Private Insurance? ☐ Yes ☐ No

Age: ☐ Below 14 ☐ 15-19 ☐ 20-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ Above 40

Are there any medical conditions, medications, or special dietary needs we should know about? ☐ Yes ☐ No

If YES, please explain: _____

How did you hear about the Healthy Mom, Healthy Baby class? _____

Are there other children in your household? ☐ Yes ☐ No Number of children age 5 and under: _____

How CONFIDENT do you feel about: (check one for each)

	Not at All Confident	A Little Confident	Somewhat Confident	Confident	Very Confident
Finding health resources and services you need for you and your children?					
Your parenting skills for a new baby?					
Reading to children?					

For Mothers ONLY:

Are you currently pregnant? ☐ Yes - Due Date _____ ☐ No - Birthdate of Child _____

Is this your first pregnancy? ☐ Yes ☐ No

Have you been to a doctor or other health care provider for this pregnancy? ☐ Yes ☐ No

Are (or did you) receive prenatal care in the first trimester? ☐ Yes ☐ No

Gender of child (if known): ☐ Male ☐ Female

Are you using tobacco products? ☐ Yes ☐ No

Parent/Caregiver Signature: _____

Date: _____

Photo Release:

I, _____ (Print Name), do hereby release and consent to the use of photographs and/or written or recorded interviews singularly, or in conjunction with other photographs and/or social media material, for use by the agencies listed below that are conducting the Healthy Mom, Healthy Baby class for advertising, publicity, commercial, or other business purposes. I understand that the term "photograph" as used herein encompasses still photographs. I also hereby release the agencies listed below and any of its associated or affiliated directors, officers, agents, employees or customers from all claims of every kind on account of such use.

Agencies include: Chowan/Perquimans Smart Start Partnership, ECU Health Chowan Hospital, Albemarle Regional Health Services, Triple P – Albemarle Regional Health Services, Albemarle Pregnancy Resource Center and Clinic, Chowan C.A.R.E.S. (Children's Alliance to Realize Educational Success), and Blue Cross Blue Shield of North Carolina.

Parent/Caregiver Signature: _____

Date: _____

RETURN REGISTRATION FORM BY FAX, MAIL OR EMAIL

Contact: Shante White

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E-mail: swhite.cpssp@gmail.com

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