

Strengthening Families Program

Strengthening Families Program helps families of all ages gain the skills needed to build a strong future together.

Un programa para familias de todas las edades, donde encontramos nuevas herramientas para edificar un mejor futuro para nuestras familias.



Collins Middle School

1500 Dobbins

February 2nd – March 24th, 2016

Tuesday and Thursday

5:30 p.m. – 7:30 p.m.

Sessions are led by VOICE Prevention Specialists Terrica Rash and Traci Bayer.

Las sesiones estarán dirigidas por especialistas de prevención de VOICE, Terrica Rash y Traci Bayer.

For more information or to register, call VOICE at 903.872.0180.
Para más información favor de llamar a VOICE al 903.872.0180

**Free program
for the whole
family!**

**Programa gratuito
para toda la
familia !**

**Free dinner at
each session!**

**Cena gratis en
cada sesión !**

**Free Prizes!
Premios gratis!**



SFP Session Times and Dates

Tuesday, Feb. 2, 2016 - **Session Starts**- 5:30pm-7:30pm

Thursday, Feb. 4, 2016 -5:30pm-7:30pm

Tuesday, Feb. 9, 2016 -5:30pm- 7:30pm

Thursday, Feb. 11, 2016 -5:30pm- 7:30pm

Tuesday, Feb. 16, 2016-5:30pm- 7:30pm

Thursday, Feb. 18, 2016 -5:30pm- 7:30pm

Tuesday, Feb. 23, 2016 -5:30pm- 7:30pm

Thursday, Feb. 25, 2016 -5:30pm- 7:30pm

Tuesday, Mar. 1, 2016 -5:30pm- 7:30pm

Thursday, Mar. 3, 2016 -5:30pm- 7:30pm

Tuesday, Mar. 8, 2016 -5:30pm- 7:30pm

Thursday, Mar. 10, 2016 -5:30pm- 7:30pm

Tuesday, Mar. 22, 2016 -5:30pm- 7:30pm

Thursday, Mar. 24, 2016-**Session Ends**- 5:30-7:30- **Graduation!!!**

A meal will be provided at each session.

See you there!!



Strengthening Families Program

Parent/Guardian Name (mother) _____

Race/Ethnicity _____

Parent/Guardian Name (father) _____

Race/Ethnicity _____

Address _____

Phone Number _____

Please list names of children on back of form.

Referred by _____

Strengthening Families Program Agreement

We/I understand that to receive a Strengthening Families Program Certificate of Completion we must attend a minimum of ten of the twelve sessions.

VOICE has permission to take and use photos of my family. Yes No

Parent/Guardian Signature (mother) _____

Parent/Guardian Signature (father) _____

Date _____



Names of Children

Child Name _____

Race/Ethnicity _____ Male__ Female__

Date of Birth _____ Grade _____

School _____

Child Name _____

Race/Ethnicity _____ Male__ Female__

Date of Birth _____ Grade _____

School _____

Child Name _____

Race/Ethnicity _____ Male__ Female__

Date of Birth _____ Grade _____

School _____

Child Name _____

Race/Ethnicity _____ Male__ Female__

Date of Birth _____ Grade _____

School _____

Fortaleciendo Familias

Nombre de Madre/Guardian _____

Raza/Etnicidad _____

Nombre de Padre/ Guardián _____

Raza/Etnicidad _____

Direccion _____

Numero de Telefono _____

Por favor ponga nombres de niños en el otro lado de esta forma.

Referido por _____

Strengthening Families Program Agreement

Yo entiendo que para recibir un certificado de finalización de Fortaleciendo Familias, necesito atender y participar en todas sesiones. Change to ten of twelve sessions (see English versión).

VOICE has permission to take and use photos of my family. __Yes __No

Firma de Madre/Guardián _____

Firma de Padre/Guardián _____

Fecha _____



Names of Children

Nombre de Nino/a _____

Raza/Etnicidad _____ Hombre __ Mujer __

Fecha de Nacimiento _____ Grado _____

Escuela _____

Nombre de Nino/a _____

Raza/Etnicidad _____ Hombre __ Mujer __

Fecha de Nacimiento _____ Grado _____

Escuela _____

Nombre de Nino/a _____

Raza/Etnicidad _____ Hombre __ Mujer __

Fecha de Nacimiento _____ Grado _____

Escuela _____

Nombre de Nino/a _____

Raza/Etnicidad _____ Hombre __ Mujer __

Fecha de Nacimiento _____ Grado _____

Escuela _____