

Bringing Your Baby Home

A **free** workshop for parents experiencing the transition to parenthood, or who have a baby up to twelve months of age

"THE GREATEST GIFT YOU CAN GIVE YOUR CHILD IS A STRONG RELATIONSHIP BETWEEN THE TWO OF YOU."

DR JOHN GOTTMAN

Having a baby is an exciting period in a couple's life where a new relationship is built, new goals are set and new dreams are created. Yet research shows that within three years after the birth of a child, approximately two thirds of couples will experience a significant drop in relationship satisfaction and an increase in conflict.

The Bringing Your Baby Home Program helps to strengthen couples' communication and conflict resolution skills during the transition to parenthood. Couples will also have the opportunity to learn about child development and how to co-parent with their partner.

Parents who have a good satisfied relationship find it much easier to achieve good parenting and healthy infant development and they tend to raise children who are more emotionally connected.

CatholicCare's Bringing Your Baby Home Program is a one day workshop.

All cultures, religious beliefs and personal values are respected.

REGISTRATIONS AND ENQUIRIES

A \$10 booking fee is required upon registration

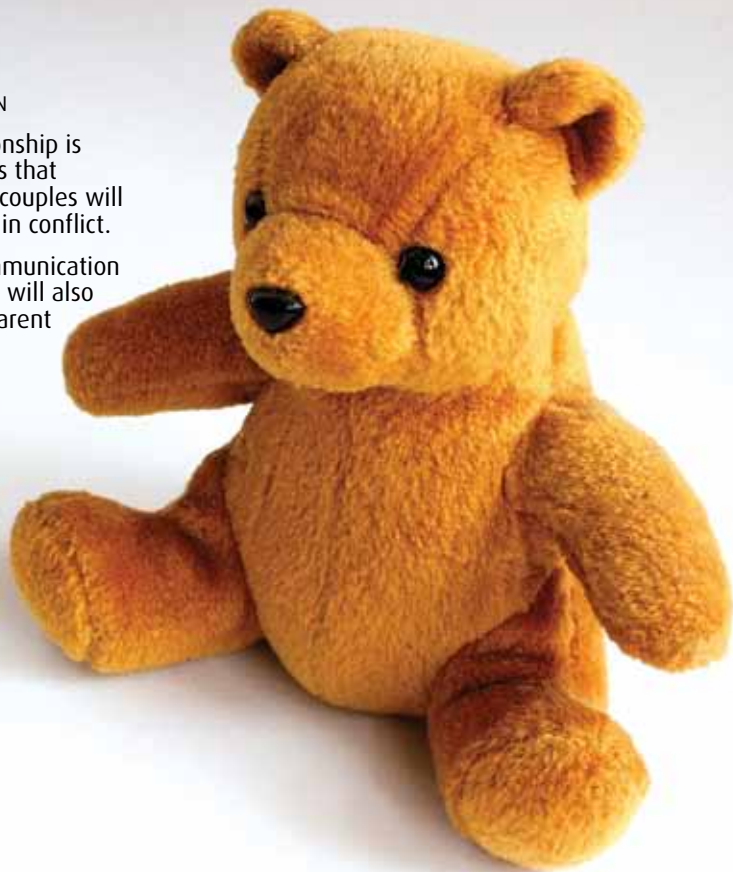
Phone Karin Kaiser on 9287 5516 or email karin.kaiser@ccam.org.au or post the coupon to: Marriage and Relationship Education Unit CatholicCare, PO Box 196, East Melbourne VIC 8002 or book online at www.ccam.org.au

PROGRAM DATES 2012

Mercy Hospital, Heidelberg 9:15am Registration
9.30am – 3.30pm Saturdays
Saturdays 3 March, 16 June, 18 Aug, 20 Oct

Sunshine Hospital 9:15am Registration
9.30am – 3.30pm Saturdays
Saturdays 11 Feb, 12 May, 22 Sept, 17 Nov

Babies Welcome!



www.ccam.org.au

✂ PLEASE DETACH FORM HERE

BRINGING YOUR BABY HOME REGISTRATION FORM

Mother's name _____
First name Surname

Father's name _____
First name Surname

Address _____

Suburb _____ Postcode _____

Telephone _____

Mobile _____

Email address _____

Date/Venue of program _____

Date of birth or expected date of birth of baby _____

PAYMENT DETAILS/BOOKING FEE

I enclose my cheque/money order made payable to CatholicCare

Please debit my credit card

Amount: \$10 booking fee

Mastercard Visa

Cardholder's Name _____

Signature _____ Expiry Date _____

Cardholder's Address _____

Suburb _____ Postcode _____