



**DayBREAK**

Encouragement for All Single Moms

## WHAT IS DAYBREAK?

*This life-changing, ten-week class is designed to inspire and encourage all single moms. During the class, practical living skills are taught and new friendships are made. Each single mom is paired with a mentor willing to come alongside while providing encouragement and guidance. Dinner and childcare are provided.*

*There is no cost for the class. Childcare available for children ages six weeks through fifth grade.*



## WHO MAY ATTEND?

*Single mothers of any age and from any background—whether divorced, never married, expectant, or adoptive mothers.*

## WHAT TOPICS ARE COVERED?

*Understanding Your Personality  
Feeding Your Family  
Setting Goals  
Solo Parent Challenges  
Family Traditions  
Budgeting and Finances  
Time Management for Mothers  
Relationships and the Single Mom  
Putting the Past in Its Place*

## WHAT ABOUT CHILDCARE?

*While the mothers are attending classes, children ages six weeks through fifth grade are fed, loved, and nurtured by a caring staff. The children are taught Christian values in a fun environment by use of stories, crafts, music, and videos.*

## WHEN ARE CLASSES OFFERED?

*Classes are offered in the winter, summer, and fall. The next class will be held*

## HOW DO I SIGN UP?

Register online at [southeastchristian.org](http://southeastchristian.org), or complete the attached registration form and mail to:

**SOUTHEAST CHRISTIAN CHURCH  
ATTN: CARE MINISTRY  
920 BLANKENBAKER PARKWAY  
LOUISVILLE, KY 40243-1845**

*IF YOU HAVE OTHER QUESTIONS, PLEASE CALL 502.253.8400.  
FOR MORE RESOURCES AND SUPPORT FOR SINGLE-PARENT FAMILIES, VISIT US ONLINE AT [SOUTHEASTCHRISTIAN.ORG](http://SOUTHEASTCHRISTIAN.ORG).*

**SOUTHEAST CHRISTIAN** | 920 BLANKENBAKER PARKWAY  
LOUISVILLE, KY 40243

## REGISTRATION FORM

Please Fill out and mail to address provided, or Register online at [southeastchristian.org](http://southeastchristian.org)

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

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

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PHONE NUMBERS

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

*Please list children that will need childcare.  
Include name, gender, and date of birth:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In case of emergency, call:*

\_\_\_\_\_

*Due to the limited availability of this class, we need your commitment for attendance. Will you commit to attending all ten 2-hour classes?* Yes   
No

\_\_\_\_\_  
*Signature*

### Medical Release

*In the event of an emergency, I authorize first aid or medical treatment for my child(ren) and I release Southeast Christian Church from any and all responsibility in connection therewith:*

\_\_\_\_\_  
*Signature, Relationship to child(ren)*