

PREVENTION AND RELATIONSHIP ENHANCEMENT (PREP)

2012 REGISTRATION FORM (CHECK PREFERRED DATE)

____ SAT. MAR. 17, 10 A.M. – 6 P.M.
SACRED HEART, 272 BROAD STREET
WADSWORTH, OH 44281 (5 P.M. MASS)
REGISTRATION DEADLINE: **MARCH 9**

____ SAT. MAY 19, 9 A.M. – 6:30 P.M.
HOLY MARTYRS, 3100 S. WEYMOUTH RD.
MEDINA, OH 44256 (5:30 MASS)
REGISTRATION DEADLINE: **MAY 11**

____ SAT. SEPT. 22, 9 A.M. – 6:30 P.M.
HOLY MARTYRS, 3100 S. WEYMOUTH RD.
MEDINA, OH 44256 (5:30 MASS)
REGISTRATION DEADLINE: **SEPT. 14**

FEE: \$95 PER COUPLE* - CONFIRMATION WILL BE SENT UPON REGISTRATION. MAKE CHECK PAYABLE TO

DEPARTMENT FOR MARRIAGE & FAMILY MINISTRY, MAIL TO SAME AT 7911 DETROIT AVE., CLEVELAND, OHIO 44102. OR FAX TO 216-334-2976.

Every couple starts their relationship committed to making it work. Many couples, however, do not know HOW to accomplish a healthy and fulfilling marriage. **The Prevention and Relationship Enhancement Program (PREP)** offers a fresh, straightforward approach to learning the strategies and skills needed to prevent destructive conflict, build a rewarding marriage and nurture a lasting love. PREP is an effective, research-based approach to teach couples – whether they have been married for three months or thirty years - how to communicate effectively; resolve conflict constructively; forgive each other; create fun, friendship and intimacy; and enhance and maintain commitment. PREP is not therapy. PREP does provide the tools to achieve a satisfying, successful marriage. This workshop is for couples who want to make a good relationship greater and for those who need to rebuild a relationship that is in need of repair. For more information, please call 216-334-2978. **This workshop will fulfill the Pre-Cana requirement.**

_____ GROOM	_____ BRIDE	_____ WEDDING DATE
_____ CURRENT ADDRESS	_____ CURRENT ADDRESS	_____ ADDRESS AFTER WEDDING
_____ CITY	_____ CITY	_____ CITY
_____ STATE	_____ STATE	_____ STATE
_____ ZIP	_____ ZIP	_____ ZIP
_____ TELEPHONE NUMBER (DAYTIME)	_____ TELEPHONE NUMBER (DAYTIME)	_____ TELEPHONE NUMBER (DAYTIME)
_____ E-MAIL	_____ E-MAIL	_____ E-MAIL (PREFERRED CONTACT)
_____ AGE	_____ AGE	_____ PARISH WHERE YOU WILL BE MARRIED
_____ RELIGION	_____ RELIGION	_____ ADDRESS
<u>MARITAL STATUS:</u> <input type="radio"/> SINGLE (NEVER MARRIED) <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED	<u>MARITAL STATUS:</u> <input type="radio"/> SINGLE (NEVER MARRIED) <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED	_____ CITY, STATE, ZIP
<u>CHILDREN: (NAMES AND AGES)</u>	<u>CHILDREN: (NAMES AND AGES)</u>	_____ PREPARING PRIEST, DEACON OR PASTORAL MINISTER
CHECK MARK IF LIVING WITH YOU AFTER MARRIAGE <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	CHECK MARK IF LIVING WITH YOU AFTER MARRIAGE <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	_____ ADDRESS IF DIFFERENT
_____ GROOM'S OCCUPATION:	_____ BRIDE'S OCCUPATION:	_____ CITY, STATE, ZIP

PLEASE COMPLETE QUESTIONS ON REVERSE.

DESCRIBE IN A SENTENCE OR PARAGRAPH YOUR HOPES AND GOALS.

HIS DESCRIPTION:

HER DESCRIPTION:

FAMILY SUPPORT IS A CRITICAL ISSUE IN MARRIAGE. DO YOU FEEL *SUPPORT* OR *OPPOSITION* FROM YOUR FAMILY OF ORIGIN (PARENTS AND SIBLINGS)?

DESCRIBE IN A SENTENCE OR PARAGRAPH ANY FEARS OR DOUBTS YOU HAVE ABOUT MARRIAGE.

HIS DESCRIPTION

HER DESCRIPTION

WHICH TOPICS WOULD BE MOST HELPFUL IN YOUR MARRIAGE PREPARATION?

PLEASE PRIORITIZE YOUR CHOICES 1 (HIGHEST) THRU 5 (LOWEST)

- INTER-FAITH ISSUES
- DUAL CAREER OR WORK & FAMILY BALANCE
- DEVELOPING A SPIRITUAL RELATIONSHIP
- CONSTRUCTIVE CONFLICT
- COMMITMENT

WHAT HAS BEEN YOUR MARRIAGE PREPARATION TO DATE?

PLEASE CHECK ALL THAT APPLY:

RELATIONSHIP INVENTORY - **CIRCLE ONE:**
PREPARE/ENRICH / CDEM / (RE)FOCCUS

MEETINGS WITH PRIEST, DEACON OR PASTORAL MINISTER
_____ NUMBER OF TIMES

MEETINGS WITH OTHER MARRIED COUPLES
_____ NUMBER OF TIMES

OTHER - PLEASE DESCRIBE: