



# Unified School District 232

## Parents as Teachers

### Enrollment Form

**Parent #1**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address w/ City and Zip: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

**Marital Status:**

- Married
- Single
- Partnered

**Race:**

- White
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- European-American
- Asian
- Multi-Racial
- Unknown

**Ethnicity:**

- Not Hispanic/Latino
- Hispanic/Latino

**Employment Status:**

- Full time
- Part Time
- Unemployed

**Highest Education Level Obtained:**

- GED
- Associate Degree
- Some College
- Bachelor's Degree or higher
- High School
- Technical Training

**Currently Enrolled in:**

- GED
- Technical Training
- High School
- College/Graduate School
- N/A

**Parent #2**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address w/ City and Zip: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

**Marital Status:**

- Married
- Single
- Partnered

**Race:**

- White
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- European-American
- Asian
- Multi-Racial
- Unknown

**Ethnicity:**

- Not Hispanic/Latino
- Hispanic/Latino

**Employment Status:**

- Full time
- Part Time
- Unemployed

**Highest Education Level Obtained:**

- GED
- Associate Degree
- Some College
- Bachelor's Degree or higher
- High School
- Technical Training

**Currently Enrolled in:**

- GED
- Technical Training
- High School
- College/Graduate School
- N/A

Is either parent a first time parent of a child under 3 years?  Yes  No

Primary Language Spoken in Home: \_\_\_\_\_

What days are you available for ONGOING visits?

Monday  Tuesday  Wednesday  Thursday  Friday

Best time of the day for ONGOING visits?

Daytime (7am-4pm)  Evening (5pm-7pm)  Flexible

*Child Information (for children under 3 years old)*

**Child #1**

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Unknown

Birth Weight: \_\_\_\_\_ Due Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Race:  White  Asian  Multi-Racial

Not Hispanic/Latino

Black or African American

Hispanic/Latino

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

European-American

Unknown

Are immunizations up to date at enrollment?  Yes  No

Do you have any concerns about development?  Yes  No

If yes, please explain: \_\_\_\_\_

**Child #2**

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Unknown

Birth Weight: \_\_\_\_\_ Due Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Race:  White  Asian  Multi-Racial

Not Hispanic/Latino

Black or African American

Hispanic/Latino

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

European-American

Unknown

Are immunizations up to date at enrollment?  Yes  No

Do you have any concerns about development?  Yes  No

If yes, please explain: \_\_\_\_\_

What PAT services are you interested in?

Personal Visits  Screenings  Playgroups  Family Events

Would you like a parent educator to contact you?  Yes  No

Have you been enrolled in PAT before?  Yes  No

If so, when and where? \_\_\_\_\_

Approx. date of last PAT Visit \_\_\_\_\_

Other Information and Comments \_\_\_\_\_