



Sign Up Form

Parent/Guardian's Name: _____

- Race: American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White
 Multiracial

Date of Birth: _____

- Hispanic or Latino: Yes
 No

Family Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Primary Language: _____ Second Language: _____

Does the child attend a licensed childcare? _____

Children's Names - Five Years of Age or Under:

1. _____ Date of Birth: _____

Child Care: Yes No Race: _____

Hispanic or Latino: Yes No

2. _____ Date of Birth: _____

Child Care: Yes No Race: _____

Hispanic or Latino: Yes No

3. _____ Date of Birth: _____

Child Care: Yes No Race: _____

Hispanic or Latino: Yes No

Prenatal referral: Yes No

Significant issues, concerns or barriers: _____

For Office Use Only	
Form Received Date:	
Date Family Contacted Regarding PAT:	
Date Referral Assigned:	
Assigned Parent Educator:	

Family Enrolled: _____ Family Declines Services: _____ Date Contacted: _____