



## 2017-2018 NEW FAMILY REGISTRATION FORM

Date: \_\_\_\_\_ Playgroup Site: \_\_\_\_\_ Playgroup Day: \_\_\_\_\_ Playgroup Time: \_\_\_\_\_

Have you previously attended a **Countdown to Kindergarten playgroup**?

Yes  No If yes, at which site: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email: \_\_\_\_\_

*In case of emergency, who should we contact?* Please list someone different from person mentioned above.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**What is your relationship to the child(ren) attending playgroup?**

Birth parent  Step parent  Grandparent/Great Grandparent  Guardian  
 Adoptive parent  Foster parent  Other relatives (aunt, uncle, sibling etc.)

**Please check your age group:**

Under 20  20-29  30-39  40-49  50-59  60+

**What is your marital status?**

Married  Partnered  Single  Other \_\_\_\_\_

**Please check what race best describes you:**

American Indian/ Alaskan Native  Asian  Black/African American  Native Hawaiian/ Pacific Islander  
 White  Multi-racial \_\_\_\_\_  Other \_\_\_\_\_

**Are you Hispanic/Latino?**

Yes  No

**Please check what ethnicity best describes you:**

American  African American  Caribbean  Middle Eastern  Other \_\_\_\_\_

**What kind of housing do you live in?**

Owned by me  Rented  Shared with friends/relatives  A temporary arrangement  Other

**How many people live in your household?**  2  3  4  5  6  7  8 or more

**Does anyone in your household attend Boston Public Schools?**  Yes  No

If yes, what school(s)? \_\_\_\_\_

**Were you born in the United States?**  Yes  No

If you were not born in the US, in what country were you born? \_\_\_\_\_

If you were not born in the US, how long have you lived in the US?  0-5 years  6-10 Years  11+ years

**Do you receive or qualify for any of the following services?**

Early Head Start/Head Start  Early Intervention  WIC  SNAP (Food Stamps)  
 TANF (Transitional Assistance)  Mass Health  Section 8 Housing  Public Housing  
 BPS Screening

**Are you fluent in English?**  Yes  No What is your preferred language? \_\_\_\_\_

**How did you find out about Play to Learn Playgroups?**

- Flyer       Word of mouth/Friend/Relative       Playgroup Leader       Online Community (JP moms, EVFA)  
 WIC       Health Center/Hospital       Early Intervention       Countdown to Kindergarten  
 Internet       School/BPS       Boston Public Library  
 Other \_\_\_\_\_

**CAREGIVER INFORMATION:**

**Please complete this section if a caregiver (ie. nanny, childcare provider, aunt, or grandparent) other than the parent/guardian will attend playgroup:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child:  Nanny    Childcare Provider    Grandparent    Aunt/Uncle/ Other Relative    Other

Please check your age group:

- Under 20       20-29       30-39       40-49       50-59       60+

**CHILD INFORMATION:**

**Please include ALL children who will attend playgroup INCLUDING infants.**

Full Name: \_\_\_\_\_ Gender:  F  M Date of Birth: \_\_\_\_\_  Early Intervention  BPS Screening

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Full Name: \_\_\_\_\_ Gender:  F  M Date of Birth: \_\_\_\_\_  Early Intervention  BPS Screening

**Please check what race best describes you:**

- American Indian/ Alaskan Native    Asian    Black/African American    Native Hawaiian/ Pacific Islander  
 White       Multi-racial \_\_\_\_\_       Other \_\_\_\_\_

**Please check what ethnicity best describes you:**

- American    African American    Caribbean    Middle Eastern    Other \_\_\_\_\_

**Are you Hispanic/Latino**

- Yes  No

Please list any allergies your child may have: \_\_\_\_\_

Does your child have any special needs or fears you would like us to know about? \_\_\_\_\_

Please list any important holidays and traditions for your family: \_\_\_\_\_

**PHOTO RELEASE (for parents or guardians)**

I, \_\_\_\_\_, give permission for my child(ren) to be photographed, *but not identified* during the Countdown to Kindergarten Play Groups program or Countdown to Kindergarten related events.

These photographs may be used for brochures, websites, news releases, or promotional advertising. I understand that any identified photography will require a separate consent form.

I agree to complete a mandatory Pre (Fall) and Post (Spring) Parent/Child Survey.

I have read and understand the Welcome Letter, Health Policy, Attendance Policy, and survey requirement.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Caregiver (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_