



2014-2015 NEW FAMILY REGISTRATION FORM

Date: _____ Playgroup Site: _____ Playgroup Day: _____ Playgroup Time: _____

Have you previously attended a 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?

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
 Native Hawaiian/ Pacific Islander White Multi-racial _____

Are you Hispanic/Latino

Yes No

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 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

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 (ie. JP Moms)
 WIC Health Center/Hospital Early Intervention Countdown to Kindergarten
 Internet School/BPS Library Other _____

CAREGIVER INFORMATION:

Please complete this section if a caregiver (ie. nanny, childcare provider, aunt, 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.

Name: _____ Gender: F M Date of Birth: _____ Early Intervention
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 Name: _____ Gender: F M Date of Birth: _____ Early Intervention

Please check what race best describes you:
 American Indian/ Alaskan Native Asian Black
 Native Hawaiian/ Pacific Islander White Multi-racial _____

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: _____