



## 2018-2019 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 \_\_\_\_\_

#### Are you Hispanic/Latino?

- Yes  No

##### a. Please check what race best describes you:

- Asian  Black/African American  Native American/ Alaska Native  
 Native Hawaiian/ Other Pacific Islander  White

##### b. 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 (i.e. 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

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

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

**Please check what race best describes your child(ren):**

- Asian       Black/African American       Native American/ Alaska Native  
 Native Hawaiian/ Other Pacific Islander       White

**Please check what ethnicity best describes your child(ren):**

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

**Is/are your child(ren) 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: \_\_\_\_\_