



Infant, Toddler, Twos Registration Record

SECTION I - Information for Enrolling Child					
Last Name		First Name		Middle Initial	Preferred Name/Nickname
Date of Birth		SSN #			Gender <input type="checkbox"/> male <input type="checkbox"/> female
Eye Color		Hair Color		Other Identifying Marks	
Demographic Information for Child					
Child's Race:	<input type="checkbox"/> American Indian/Alaskan Native	Hispanic	English Proficiency	Other Language _____	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> None	Proficiency	
<input type="checkbox"/> Black	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> None	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____		<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	
			<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	
				<input type="checkbox"/> Proficient	
Child's Health Insurance Information					
Company: _____ Group/Policy Number: _____ Member ID: _____					
Name of Policy Holder: _____ Relationship to Child: _____					
Medical/Dental Providers					
Doctor's Name: _____			Dentist's Name: _____		
Address: _____			Address: _____		
Phone: _____			Phone: _____		
Developmental Information					
Any Health Concerns? _____					
Any Allergies: _____					
Do you have any concerns about your child's development? Please Explain _____					
Does child have a current IFSP or IEP? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide a copy					
Does child use any assistive devices? <input type="checkbox"/> glasses <input type="checkbox"/> contact lenses <input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> braces <input type="checkbox"/> hearing aids					
<input type="checkbox"/> other _____ <input type="checkbox"/> none					



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SECTION II – Primary Parent/Guardian (lives with child)

Last Name	First Name	Middle Initial	Date of Birth	Gender
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Relationship to Child: Natural/Adoptive Parent Stepparent Foster Parent Grandparent Other _____

Marital Status: Married Separated Divorced Single Co-habitation

Street Address	Apartment #	City	State	Zip Code	Ward
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Home Phone	Work Phone	Cell Phone
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Email Address:	Do you prefer information such as invoices, memos, and newsletters be provided electronically or in paper format? <input type="checkbox"/> electronic <input type="checkbox"/> paper
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Highest Grade Completed	Employment Status (check all that apply)	Other
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Some College <input type="checkbox"/> Training <input type="checkbox"/> Certification <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training <input type="checkbox"/> School <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless

Demographic Information for Primary Parent/Guardian

Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language _____
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White					<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

SECTION III – Secondary Parent/Guardian/Other Responsible Adult

Last Name	First Name	Middle Initial	Date of Birth	Gender
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Relationship to Child: Natural/Adoptive Parent Stepparent Foster Parent Grandparent Other _____

Marital Status: Married Separated Divorced Single Co-habitation

As applicable: Lives with Family Shared Custody of Child Visitation Rights Provides Financial Support

Street Address	Apartment #	City	State	Zip Code	Ward
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Home Phone	Work Phone	Cell Phone
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Email Address:	Do you prefer information such as invoices, memos, and newsletters be provided electronically or in paper format? <input type="checkbox"/> electronic <input type="checkbox"/> paper
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Highest Grade Completed			Employment Status (check all that apply)		Other
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Some College	<input type="checkbox"/> Training <input type="checkbox"/> Certification <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training	<input type="checkbox"/> School <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless

Demographic Information for Secondary Parent/Guardian/Other Adult				
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language _____ Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

SECTION IV - Household Information

<input type="checkbox"/> Child Lives With <input type="checkbox"/> No Parent <input type="checkbox"/> One Parent/Guardian <input type="checkbox"/> Two Parents/Guardians	How many family members are living with the child? (such as parent, guardian, uncle/aunt, grandparents, etc.) _____	How many children under the age of 18 are living in the household? _____ How many Birth to 3? _____ How many ages 3 – 5? _____
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Please list all others living in household (do not include child and parents/guardians already listed above)	Relationship to Child	Date of Birth	Supported by parent/guardian listed above? (Y/N)	Provide Financial Support? (Y/N)

Household Income

<input type="checkbox"/> Less than 10,000 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 40,000-49,999	<input type="checkbox"/> 50,000-59,999 <input type="checkbox"/> 60,000-69,999 <input type="checkbox"/> 70,000-79,999 <input type="checkbox"/> 80,000-89,999	<input type="checkbox"/> 90,000-99,000 <input type="checkbox"/> 100,000-124,999 <input type="checkbox"/> 125,000-149,999 <input type="checkbox"/> 150,000+
Income Sources: <input type="checkbox"/> Employment Income <input type="checkbox"/> Medical Financial Assistance <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC	<input type="checkbox"/> SSI <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Housing Assistance <input type="checkbox"/> Energy Program Assistance	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> OSSE Child Care Subsidy Voucher <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

