

AHM Family Resource Center at Gilead Hill School, Hebron Play and Learn Group 2017-2018 Registration Form

Registration paid: Yes No
Cash Check (Check # _____)
Cost: \$85-Fall Semester, \$110-Spring Semester

Today's Date: _____

Parents' Names: _____

Address: _____ Town: _____ E-Mail address: _____

Best Phone to reach you: _____ Alternate Phone: _____

Please list all children in your family who are attending the group (including infants!)

Child's Name: Age: Date of Birth: Sex:

Child's Name	Age	Date of Birth	Sex

Person bringing child if other than parent: _____ Relationship to Child: _____
Phone: _____

In the event of an emergency involving you (the parent) whom should we contact?

Name: _____ Relationship to you: _____ Phone: _____

Family Information:

This information is collected for statistical/funding purposes and is confidential)

1. Household: (Please check who child lives with):

Two Birth/Adoptive Parents Single Parent(F) Single Parent (M) Step+Birth Parent Joint Custody Relative DCF Guardianship Grandparents

2. Ethnicity of Child(ren): Hispanic/Latino Non-Hispanic/Latino

3. Race of Child(ren): White Asian Black/African American Multiracial
 American Indian/Alaskan Native Native Hawaiian/Pacific Islander

4. Do you have any health concerns about your child that would impact their participation in the group? (For example, allergies, seizures, asthma)? Please list:

5. Are your child's immunizations up to date? Y N

6. Does your child have health insurance (either private, HUSKY, or other)? Y N

7. Are you interested in finding out about Parents as Teachers Home Visits for families?
 Y N

Please turn page over to complete

