



For office use only:
Family #:
Photo Release: Y / N

PLAY TO LEARN 2010-2011 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:

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 relative (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/ethnicity(s) best describes you:

- Hispanic/Latino Native American Asian/Asian-American African/African American/Black
- Pacific Islander Caribbean Middle Eastern Caucasian/Anglo/White
- Multi-racial _____ 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 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

Do you speak English in your home? Yes No

What other languages do you speak in your home? _____

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: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please check if your child attends: Early Intervention Preschool/Daycare

Please check what race/ethnicity(s) best your child:

Hispanic/Latino Native American Asian/Asian-American African/African American/Black
 Pacific Islander Caribbean Middle Eastern Caucasian/Anglo/White
 Multi-racial _____ Other _____

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) and myself to be photographed and videotaped during the Playgroups. I understand that photographs and videotapes may used for publicity purposes.

Signature of Parent/Guardian: _____ Date: _____

Signature of Caregiver (if applicable): _____ Date: _____

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

Signature: _____ Date: _____