



## ENROLLMENT FORM

Parents as Teachers Missouri Curriculum Partner

**OFFICE USE ONLY:**  
 Date Received: \_\_\_\_\_  
 Available for visits:  AM  PM  SAT  
 Elementary School: \_\_\_\_\_  
 Letter Sent:  Yes  No  
 Parent Educator: \_\_\_\_\_

### PRIMARY PARENT/GUARDIAN INFORMATION #1

LAST NAME	FIRST NAME	DATE OF BIRTH
STREET ADDRESS	CITY	ZIP CODE
PHONE	EMAIL ADDRESS	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Not Married, Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
RELATIONSHIP TO CHILD(REN) ENROLLING: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
ETHNICITY: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Prefer not to answer		
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi-race <input type="checkbox"/> Native American Indian <input type="checkbox"/> Hawaiian or Pacific-Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer		
LANGUAGE(S) spoken in the home: English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please specify languages:		
OCCUPATION: <input type="checkbox"/> Presently employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time LAST GRADE COMPLETED:		

### PRIMARY PARENT/GUARDIAN INFORMATION #2

LAST NAME	FIRST NAME	DATE OF BIRTH
STREET ADDRESS (If different from above)	CITY	ZIP CODE
PHONE	EMAIL ADDRESS	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Not Married, Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
RELATIONSHIP TO CHILD(REN) ENROLLING: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
ETHNICITY: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Prefer not to answer		
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi-race <input type="checkbox"/> Native American Indian <input type="checkbox"/> Hawaiian or Pacific-Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer		
LANGUAGE(S) spoken in the home: English <input type="checkbox"/> Yes <input type="checkbox"/> No IF No, please specify languages:		
OCCUPATION: <input type="checkbox"/> Presently employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time LAST GRADE COMPLETED:		

### CHILD INFORMATION #1 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE	BIRTH WEIGHT LBS. OZ.
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to report		
ETHNICITY: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Prefer not to answer		
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi-race <input type="checkbox"/> Native American Indian <input type="checkbox"/> Hawaiian or Pacific-Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer		
HOW MANY WEEKS PREGNANT WERE YOU WHEN THE CHILD WAS BORN?		ENROLLED IN FIRST STEPS? <input type="checkbox"/> Yes <input type="checkbox"/> No
WERE THERE ANY ILLNESSES OR COMPLICATIONS DURING PREGNANCY, LABOR OR DELIVERY?		
PEDIATRICIAN:		
CHILDCARE PROVIDER OTHER THAN PARENT/GUARDIAN:		

**CHILD INFORMATION #2 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)**

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE	BIRTH WEIGHT LBS. OZ.

GENDER:  Female  Male  Non-Binary  Prefer not to report

ETHNICITY:  Non-Hispanic  Hispanic or Latino  Prefer not to answer

RACE:  Asian  Black  Multi-race  Native American Indian  Hawaiian or Pacific-Islander  White  Other  Prefer not to answer

HOW MANY WEEKS PREGNANT WERE YOU WHEN THE CHILD WAS BORN? ENROLLED IN FIRST STEPS?  Yes  No

WERE THERE ANY ILLNESSES OR COMPLICATIONS DURING PREGNANCY, LABOR OR DELIVERY?

PEDIATRICIAN:

CHILDCARE PROVIDER OTHER THAN PARENT/GUARDIAN:

**CHILD INFORMATION #3 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)**

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE	BIRTH WEIGHT LBS. OZ.

GENDER:  Female  Male  Non-Binary  Prefer not to report

ETHNICITY:  Non-Hispanic  Hispanic or Latino  Prefer not to answer

RACE:  Asian  Black  Multi-race  Native American Indian  Hawaiian or Pacific-Islander  White  Other  Prefer not to answer

HOW MANY WEEKS PREGNANT WERE YOU WHEN THE CHILD WAS BORN? ENROLLED IN FIRST STEPS?  Yes  No

WERE THERE ANY ILLNESSES OR COMPLICATIONS DURING PREGNANCY, LABOR OR DELIVERY?

PEDIATRICIAN:

CHILDCARE PROVIDER OTHER THAN PARENT/GUARDIAN:

**OTHERS LIVING IN HOME:**

SIBLING: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_ SIBLING: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_

SIBLING: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_ SIBLING: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_

Residents living in the home other than immediate family? (Including Grandparents, Aunts, Uncles)

Does anyone in the family have a disability or delay? If so, explain:

**FAMILY AVAILABILITY:**

**WE HAVE MORE AVAILABILITY FOR DAYTIME VISITS FROM 8 AM – 3 PM MONDAY – FRIDAY. PLEASE CHECK BELOW ALL TIMES YOU ARE AVAILABLE FOR VISITS.**

**WITH ADVANCED NOTICE PERHAPS DAYTIME VISITS COULD WORK FOR YOUR SCHEDULE.**

Mon. (8 am – 3 pm)  Tues. (8 am – 3 pm)  Wed. (8 am – 3 pm)  Thurs. (8 am – 3 pm)  Fri. (8 am – 3pm)  Evenings  Weekends

COMMENTS OR CONCERNS:

Initials Accurate:  
\_\_\_\_\_

Please complete and return to: [jamearkaren@rsdmo.org](mailto:jamearkaren@rsdmo.org) OR  
Mail completed form to: Rockwood Early Childhood, 442 West Fourth St. Eureka, MO 63025