



## ENROLLMENT FORM: 2025-2026 (Stay, Play & Learn)

☐ **Do Not** include information in the Buzz Book

**PLEASE PRINT. COMPLETE FRONT SIDE ONLY. Please fill out all categories.**

**FAMILY NAME** \_\_\_\_\_

Address \_\_\_\_\_

ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

**PARENT/Guardian 1** \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_ WK # \_\_\_\_\_

**PARENT/Guardian 2** \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_ WK # \_\_\_\_\_

Caregiver \_\_\_\_\_

Name

Address

Phone

**Primary language of the family** \_\_\_\_\_

**Other languages spoken at home** \_\_\_\_\_

**Race (please check)** African American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Multiracial family \_\_\_\_\_ Native American \_\_\_\_\_

Other \_\_\_\_\_ *(information is used for statistical purposes)*

**Person to contact in case of emergency**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Important medical info \_\_\_\_\_

**Please give CHILD'S FULL LEGAL NAME (INCLUDING MIDDLE NAME).**

Child's Name \_\_\_\_\_ Male **or** Female Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Male **or** Female Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Male **or** Female Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Male **or** Female Birth Date \_\_\_\_\_

**Please select Stay, Play & Learn program - please select a minimum of two days**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**School Year**

**Fall**

**Spring**

**Please check the categories which apply to your family:**

\_\_\_\_\_ Resides in the School District of Clayton

\_\_\_\_\_ Is employed full-time by the Clayton School District

\_\_\_\_\_ Child enrolled in Clayton's PreK - 12 program

\_\_\_\_\_ None of these apply

**Please tell us how you found out about the Family Center**

Catalog

Friend

School Newsletter

Internet

Other (specify) \_\_\_\_\_

**PARENTS AS TEACHERS**

Are you **currently enrolled in Clayton PAT**? Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Educator is \_\_\_\_\_

If you are a Clayton resident and are not enrolled, would you like us to contact you with more information? Yes \_\_\_\_\_ No \_\_\_\_\_