THE FAMILY CENTER

ENROLLMENT FORM: 2024-2025 (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 ◯