



THE FAMILY CENTER

ENROLLMENT FORM: 2018-2019

[] 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 1 _____ Cell _____

Email _____ Occupation _____ WK # _____

PARENT 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 (if parent cannot be reached) to contact in case of emergency:

Name _____ Home Phone _____ Cell _____

Pediatrician _____ Office Phone # _____

Important medical info _____

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

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 list all school age children)

Children reside with: parents mother only father only

mother/stepfather father/stepmother other explain: _____

Please check the category which applies to your family:

Resides in the School District of Clayton Owns property in the School District of Clayton
 Child enrolled in Clayton's pre-K thru 12 program Is employed full-time by the Clayton School District
 Resident of Ladue School District None of these apply
 Child's grandparent(s) reside in School District of Clayton **(Please give name on line below, if applicable)**

Name of Grandparent(s) Address Zip Code Phone

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?** _____ Parent Educator is _____

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

FOR OFFICE USE ONLY

| Center Membership | Fee | Amount Paid | Date | Balance |
|--------------------------|------------|--------------------|-------------|----------------|
| Calendar Year | | | | |
| School Year | | | | |
| Fall Semester | | | | |
| Spring Semester | | | | |
| Summer Only | | | | |