

# Clayton Parents as Teachers (PAT)

## Enrollment Form

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Date: \_\_\_\_\_

Check preference for visit time: \_\_\_\_\_ Day \_\_\_\_\_ Evening/ Weekend

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

### Children's Information: (list youngest to oldest in your household)

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

How did you hear about PAT? \_\_\_\_\_

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If your child is enrolled in the Family Center early childhood program, please tell us which class they are in: \_\_\_\_\_

*Please complete and return by mail to the Family Center at 301 N. Gay Ave., 63105*

*By fax: 314-854-6940 or scan and email to [lindavillaire@claytonschools.net](mailto:lindavillaire@claytonschools.net)*