

Clayton Parents as Teachers (PAT)
Enrollment Form

Date: _____

Check preference for visit time: _____ Day _____ Evening

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: _____

Full Name: _____ DOB: _____ Gender: _____

Full Name: _____ DOB: _____ Gender: _____

Full Name: _____ DOB: _____ Gender: _____

If your child/children are enrolled in the Family Center early childhood program, please tell us which class/classes they are in: _____

Attend Stay, Play & Learn: _____ Parent Workshop _____

We previously participated in PAT in the _____ school district.

*Please complete and return form to the Family Center at 301 N. Gay Ave.,
By fax: 314-854-6940 or scan and email to lindavillaire@claytonschools.net*