



THE FAMILY  
CENTER

## ENROLLMENT FORM: 2023-2024

[ ] 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 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  
\_\_\_\_\_ 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 enrolled, would you like us to contact you with more information? Yes \_\_\_\_\_ No \_\_\_\_\_