|  |  |  |
| --- | --- | --- |
| Today date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Child’s Name  1- | Date of Birth | Home language |
| 2- |  |  |
| 3- | | |
| Is this Child involved in other early childhood Program? \_\_\_Yes \_\_\_\_No | | |
| If yes, program name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Parents’/Guardians’ Information:

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | Address: |
| Phone Number | Phone Number: |
| E-mail | E-mail |

|  |  |
| --- | --- |
| Who will attend to the play group with the child?1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | In case of an emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Siblings Information:**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | School/Program |
| 1- |  |  |
| 2- |  |  |
| 3- |  |  |
| 4- |  |  |

**Interests**

|  |  |  |  |
| --- | --- | --- | --- |
| Please tell us what activities you are most interested in (check all that applies): | | | |
| ☐Child Care /Preschool | ☐Family Events | ☐ Workshops | ☐Children Books |
| ☐Parent-child playgroup | ☐CFCE Council | ☐CFCE Council Meeting | ☐Referral |
| ☐Parent Support Group | ☐Home Visits | ☐Early and Family Literacy Activities | ☐Comprehensive Services |
| 1st. choice of Playgroup/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 2nd choice of Playgroup/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |
| --- |
| PHOTO RELEASE (for parents or guardians) |
| ☐ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child (ren) to be photographed, but not identified during the Play and Learn Group. These photographs may be used for brochures, websites, news releases, or promotional advertising.  ☐ I understand that any identified photography will require a separate consent form.  ☐ I agree to complete a mandatory Pre (Fall) and Post (Spring) Parent/Child Survey.  ☐ I have read and understand the, Health Policy, Attendance Policy, and survey requirement.  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Caregiver (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you find out about Play to Learn Playgroups? |

|  |
| --- |
| ☐ Flyer  ☐Word of mouth/Friend/Relative  ☐Playgroup Leader  ☐ Online Community (ie., ABCD, Child Care Center, etc.)  ☐WIC  ☐ Health Center/Hospital  ☐Early Intervention  ☐ Malden Early Learning Center  ☐Internet ☐ School/MPS  ☐ Library ♦Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| For Office use only:  Referred to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_Staff Initial\_\_\_\_\_  FollowUp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_Staff Initial\_\_\_\_\_\_\_  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |