Family Registration Form

◯**INITIAL INTAKE** ◯**CHANGE OF INFORMATION FID#** _____**ENROLLMENT DATE:** _____
** Verification is required for change of address*

Parent/Guardian Information

Parent/Guardian [ ] Custodial Parent (*If married, mark both boxes)*

First Name: _____ M.I. ____ Last Name: _____

Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Email: _____@_____

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other _____

Language Spoken: _____ Race & Ethnicity: _____

Work Information

Employed: ◯ Yes ◯No

If Yes, Occupation: _____ Employer: _____

Parent/Guardian [ ] Custodial Parent (*If married, mark both boxes)*

First Name: _____ M.I. ____ Last Name: _____

Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Email: _____@_____

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other _____

Language Spoken: _____Race & Ethnicity: _____

Work Information

Employed: ◯ Yes ◯No

If Yes, Occupation: _____ Employer: _____

Do any of the following options apply to your family?

☐ Receiving Snap Benefits
☐ Teen Parent
☐Open DCF Case ☐ Foster Parent/Guardian
☐ DTA Cash Assistance
☐ Homeless
☐ WIC
☐ Early Intervention or Special Ed Services

How did you hear about Square One?

☐Advisement
☐Square One Web Page
☐Family Friend Referral
☐DTA
☐NEFWC
☐ Other

Square One
This Is Where It Starts

Family Registration Form

Child Placement: _____

Child Information

First Name: _____ M.I._____ Last Name: _____

Child's Nickname: _____ Child's last 4 SS#: _____

Child's Address: _____
Street Address *City* *State* *Zip*

Date of Birth: _____ Gender: [ ] Male [ ] Female [ ]Non-binary [ ]Transgender

Race & Ethnicity:_____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Identifying Marks: _____
_____

Photographs: May we take maintain a photo of your child for security purposes (these are kept confidential and are used for internal purposes only? [ ] Yes [ ] No

Child Health Information

Allergies (peanuts/fruits/dairy/insects):
_____
_____
_____

Chronic Health Conditions (Asthma/ Eczema):
_____
_____

Family Preferences (food/celebrations/holidays):
_____
_____
_____

In the event of a ***MEDICAL EMERGENCY*** please transport my child to: _____

Physician: _____ Phone: _____ Insurance Company: _____

Address: Address: _____
Street Address *City* *State* *Zip*

Dentist: _____ Phone: _____ Insurance Company: _____

Address: _____
Street Address *City* *State* *Zip*

Square One
This Is Where It Starts

Family Registration Form

Emergency Contacts & Authorized Pick-up Persons:
All children are required to have at least two Emergency Contacts

Contact/Pick Up
Name: ____ Phone: ______________________________

Address: ____
Street Address *City* *State* *Zip*
Relationship to the child: _________________________________

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: ____

Contact/Pick Up
Name: ____ Phone: ______________________________

Address: ____
Street Address *City* *State* *Zip*
Relationship to the child: _________________________________

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: ____

Contact/Pick Up
Name: ____ Phone: ______________________________

Address: ____
Street Address *City* *State* *Zip*
Relationship to the child: _________________________________

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: ____

Contact/Pick Up
Name: ____ Phone: ______________________________

Address: ____
Street Address *City* *State* *Zip*
Relationship to the child: _________________________________

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: ____

Tuition/Payment Information: Current Tuition Amount: ___________ [ ] Weekly [ ] Bi-weekly [ ] Other ____

Signature:
Parent/Guardian Signature: _____________________________________ Date: ______________________

THANK YOU!

Square One
This Is Where It Starts

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Transportation Information

Provider/Site: _____ Subsidy type: _____

Please check for transportation information:

☐ Initial ☐ Change

Please check for transportation information:

☐A.M. ☐P.M. ☐Both

A.M Pick Up:

Address:

_____

Street Address *City* *State* *Zip*

P.M Pick Up:

Address:

_____

Street Address *City* *State* *Zip*