

FT. ZUMWALT PARENTS AS TEACHERS -- ENROLLMENT FORM

**Please complete and mail to: Ft. Zumwalt Parents as Teachers
317 S. School St.
O'Fallon, MO 63366**

Today's date: _____

First and last name of all parents/guardians in home: _____

Street address: _____

City/State/Zip: _____

Phone number (including area code): _____

Alternate phone number (including area code): _____

Email address: _____

How did you hear about Parents as Teachers? _____

The best time for a home visit: Day or Evening

First Child's Name (first, middle, and last): _____

Child's date of birth: _____

Child's gender: Male Female

Child's ethnicity (please choose one – for data collection only):

American Indian or Alaska Native

Asian or Pacific Islander

Black

Hispanic

White

Multi-racial

Do you have any concerns about your child's health or development?

If so please describe:

Second Child's Name (first, middle, and last): _____

Child's date of birth: _____

Child's gender: Male Female

Child's ethnicity (please choose one – for data collection only):

American Indian or Alaska Native

Asian or Pacific Islander

Black

Hispanic

White

Multi-racial

Do you have any concerns about your child's health or development?

If so please describe:

Third Child's Name (first, middle, and last): _____

Child's date of birth: _____

Child's gender: Male Female

Child's ethnicity (please choose one – for data collection only):

American Indian or Alaska Native

Asian or Pacific Islander

Black

Hispanic

White

Multi-racial

Do you have any concerns about your child's health or development?

If so please describe:
