



Parenting/Family Literacy Program Enrollment Record

Child's Name _____ Social Security Number _____

Date of Birth _____ Baby's Due Date _____ Birth Weight _____

Length of hospital stay _____ Full Term _____ Premature _____

Any illness or complications during pregnancy or delivery? _____

Medical Provider _____ Childcare Provider _____

Child's Medicaid Number _____

Mother's Information

Name _____ Race _____

Address _____

Phone _____ Cell _____ Date of Birth _____

Mother's Medicaid Number _____

Social Security Number _____ Employer _____

Father's Information

Name _____ Race _____

Address _____

Phone _____ Cell _____ Date of Birth _____

Social Security Number _____ Employer _____

Teen Parent _____ Yes _____ No _____ School Attending _____

Current Grade Level: 7 8 9 10 11 12 College Other _____

Family Information

Marital Status: Married Separated Single Divorced

Residents in home other than immediate family (specify relationship with child):

Language most frequently used in the home: _____

Does anyone in the family have a disability or delay? Describe _____

Siblings

Name _____ Age _____ School Attended _____

Name _____ Age _____ School Attended _____

Annual Family Income

under \$5,000 \$5,000-\$10,000 \$10,000-\$15,000

\$15,000-\$20,000 over \$20,000

Receiving Public Assistance: Yes No

Please check all that apply:

SNAP (if so, list SNAP I.D.#) _____

SSI WIC WK Support AFDC

Additional Comments or information _____

I hereby give the School District of Newberry County permission to use this information where necessary to benefit my child. I understand confidentiality will be maintained at all times.

Signature _____ Enrollment Date _____

Office Use Only

Level _____

Check all that apply: Low Income Single Parent Teen Parent

Education Level Below 12 Grades Developmental Delay of Mother

Suspected Substance Abuse