



JEFFERSON CITY SCHOOL DISTRICT
PARENTS AS TEACHERS MISSOURI CURRICULUM PARTNER

ENROLLMENT FORM

PRIMARY PARENT/GUARDIAN INFORMATION					ADDITIONAL PARENT/GUARDIAN INFORMATION						
FIRST NAME		LAST NAME		DATE OF BIRTH	FIRST NAME		LAST NAME		DATE OF BIRTH		
STREET ADDRESS			CITY	STATE	ZIP	STREET ADDRESS			CITY	STATE	ZIP
TELEPHONE		PHONE 2		EMAIL ADDRESS		TELEPHONE		PHONE 2		EMAIL ADDRESS	
MARITAL STATUS ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married ☐ Not Married, Living Together					MARITAL STATUS ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married ☐ Not Married, Living Together						
RELATIONSHIP TO CHILD(REN) ENROLLING ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Other _____					RELATIONSHIP TO CHILD(REN) ENROLLING ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Other _____						
ETHNICITY ☐ Hispanic ☐ Non-Hispanic		RACE(S) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White			ETHNICITY ☐ Hispanic ☐ Non-Hispanic		RACE(S) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White				
CHILD INFORMATION (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)											
Child 1					Child 2						
LEGAL FIRST NAME		MIDDLE NAME		LAST NAME	LEGAL FIRST NAME		MIDDLE NAME		LAST NAME		
DATE OF BIRTH (DUE DATE IF PRENATAL)		GENDER ☐ Male ☐ Female ☐ Non-binary ☐ Prefer Not to Report			DATE OF BIRTH (DUE DATE IF PRENATAL)		GENDER ☐ Male ☐ Female ☐ Non-binary ☐ Prefer Not to Report				
ETHNICITY ☐ Hispanic ☐ Non-Hispanic		RACE(S) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White			ETHNICITY ☐ Hispanic ☐ Non-Hispanic		RACE(S) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White				
DO YOU OR DOES ANYONE ELSE HAVE CONCERNS ABOUT CHILD'S DEVELOPMENT, OR DOES CHILD RECEIVE SERVICES THROUGH FIRST STEPS, EARLY CHILDHOOD SPECIAL EDUCATION OR ANOTHER PROVIDER? ☐ No ☐ Yes (please explain):					DO YOU OR DOES ANYONE ELSE HAVE CONCERNS ABOUT CHILD'S DEVELOPMENT, OR DOES CHILD RECEIVE SERVICES THROUGH FIRST STEPS, EARLY CHILDHOOD SPECIAL EDUCATION OR ANOTHER PROVIDER? ☐ No ☐ Yes (please explain):						
CHILD INFORMATION (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)											
Child 3					Child 4						
LEGAL FIRST NAME		MIDDLE NAME		LAST NAME	LEGAL FIRST NAME		MIDDLE NAME		LAST NAME		
DATE OF BIRTH (DUE DATE IF PRENATAL)		GENDER ☐ Male ☐ Female ☐ Non-binary ☐ Prefer Not to Report			DATE OF BIRTH (DUE DATE IF PRENATAL)		GENDER ☐ Male ☐ Female ☐ Non-binary ☐ Prefer Not to Report				
ETHNICITY ☐ Hispanic ☐ Non-Hispanic		RACE(S) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White			ETHNICITY ☐ Hispanic ☐ Non-Hispanic		RACE(S) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White				
DO YOU OR DOES ANYONE ELSE HAVE CONCERNS ABOUT CHILD'S DEVELOPMENT, OR DOES CHILD RECEIVE SERVICES THROUGH FIRST STEPS, EARLY CHILDHOOD SPECIAL EDUCATION OR ANOTHER PROVIDER? ☐ No ☐ Yes (please explain):					DO YOU OR DOES ANYONE ELSE HAVE CONCERNS ABOUT CHILD'S DEVELOPMENT, OR DOES CHILD RECEIVE SERVICES THROUGH FIRST STEPS, EARLY CHILDHOOD SPECIAL EDUCATION OR ANOTHER PROVIDER? ☐ No ☐ Yes (please explain):						
FAMILY CHARACTERISTICS											
PRIMARY LANGUAGE SPOKEN IN THE HOME				SECONDARY LANGUAGE(S)				ARE YOU ABLE TO VISIT IN ENGLISH? ☐ Yes ☐ No			
PETS IN THE HOME? ☐ No ☐ Yes (list type and #):				FAMILY RESOURCES USED: ☐ WIC ☐ Medicaid ☐ SNAP (food stamps) ☐ TANF							
LIST OTHERS LIVING IN THE HOME NOT INCLUDED ABOVE											
HAVE YOU BEEN ENROLLED IN PARENTS AS TEACHERS BEFORE? ☐ No ☐ Yes (IF SO, PLEASE TELL US WHEN, WHERE, AND REASON FOR LEAVING THE PROGRAM:)											
WHERE DID YOU HEAR ABOUT THE PROGRAM?				WHAT IS YOUR REASON FOR ENROLLING?							

PLEASE MARK ANY THAT APPLY TO YOUR FAMILY:

- ☐ **Young parents:** Youth who are pregnant or parenting, currently under the age of 21. (If yes, list parent birth date: _____).
- ☐ **Substance use disorder:** Parent persistently has used or is currently using substances despite negative social, interpersonal, legal, medical or other consequences at any point during the enrolled child's lifetime (including prenatal).
- ☐ **Child with a disability or chronic health condition:** The child has a significant delay, disability or condition that impacts developmental domains and/or affects overall family well-being.
- ☐ **Foster care or other temporary caregiver:** Child or young parent is in foster care (legal custody of Children's Division), has court-appointed legal guardian(s) or is living with a temporary caregiver.
- ☐ **Parent with a disability or chronic health condition:** A parent has a physical or cognitive impairment (disability or chronic health condition) that substantially limits their ability to parent as determined by the parent or by the parent educator.
- ☐ **Child abuse or neglect:** Reported or substantiated abuse/neglect of child or sibling including but not limited to a current or recent open case with a Department of Social Services, Children's Division for any reason.
- ☐ **Parent with mental health issues:** A parent has a thought, mood or behavioral disorder (or some combination) associated with distress and/or impaired functioning.
- ☐ **Housing instability:** Individuals who are homeless, lack fixed, regular and adequate nighttime residence including those who share others' homes due to loss of housing or economic hardship, live in hotels, motels or campgrounds due to lack of adequate alternative accommodations, reside in emergency or transitional shelters or reside in public or private places not designed for or used as regular sleeping accommodations.
- ☐ **High school diploma or equivalency not attained:** Parent did not complete high school or pass equivalency exam and is not currently enrolled.
- ☐ **Parent incarcerated during the child's lifetime:** Parent is or was incarcerated in federal or state prison or local jail, halfway house or is part of a boot camp or weekend program requiring overnight stays during the child's lifetime.
- ☐ **Low income:** Family is eligible for free and reduced price lunches, public housing, Child Care Subsidy, WIC, food stamps/SNAP, TANF, Head Start/Early Head Start and/or Medicaid (whether or not these resources are used). See box below for approximate income guidelines.

Household Size	Annual Income	Monthly Income		Household Size	Annual Income	Monthly Income
1	\$25,142	\$2,096		5	\$60,070	\$5,006
2	33,874	2,823		6	68,802	5,734
3	42,606	3551		7	77,534	6,462
4	51,338	4,279		8	86,266	7,189

- ☐ **Very low birth weight and preterm birth:** The child's birth weight is under 1500 Grams or 3.3 pounds and a child was born at less than 37 weeks gestation. This applies only to children under the age of 2.
- ☐ **Recent immigrant or refugee family:** One or both parents are foreign born and entered the country within the past five (5) years. This does not include those from Puerto Rico, Guam or the US Virgin Islands.
- ☐ **Death in the immediate family:** The death of the child, parent/guardian or sibling at any point during the enrolled child's lifetime.
- ☐ **Intimate partner violence:** Parent or Guardian is a survivor of intimate partner violence (including physical, sexual or psychological violence or economic coercion against a current or former intimate partner) that has occurred during the child's lifetime (including prenatal).
- ☐ **Military deployment:** Parent/Guardian is planning for deployment, currently deployed or within 2 years of returning from a deployment as an active duty member of the Armed Forces.
- ☐ **Single parent household:** Only one parent resides in the home.
- ☐ **Adoptive parent**
- ☐ **First time parent:** Currently expecting or parenting first child.
- ☐ **A relative is the primary custodial caregiver**
- ☐ **Serious behavior concerns:** Parent/guardian is concerned about a child's behavior.
- ☐ **NONE OF THESE APPLY TO MY FAMILY**

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR FAMILY?

Parent Signature: _____ Date: _____

MARK ALL AVAILABILITY FOR VISITS ONCE OR TWICE A MONTH: ☐ Morning ☐ Noon-3 p.m. ☐ Late afternoon (3-5 p.m.) ☐ Evening (5-8 p.m.)

OFFICE USE ONLY: Date received: _____ Date assigned: _____ Parent Educator: _____

Please return form to 812 St. Mary's Blvd., Jefferson City, MO 65109 or fax to (573)632-3431.