



**Child's Last Name:** \_\_\_\_\_  
**Child's First Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Gender:** Male / Female

<b>Parent Educator Use Only</b>		
<b>Enrollment Date:</b>	____ / ____ / ____	
<b>Age of Curriculum Receiving:</b>	3	4 5
<b>Parent Educator:</b>	_____	

**Mother**

**Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Zipcode:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Primary Language:** English Spanish Other  
**Is involved in child's care:** YES NO  
**Marital Status:** Married Single Divorced / Separated  
**Highest Grade Completed:** \_\_\_\_ **Employed?** YES NO  
**Current enrollment in school or training?** YES NO

**Father**

**Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Zipcode:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Primary Language:** English Spanish Other  
**Is involved in child's care:** YES NO  
**Marital Status:** Married Single Divorced / Separated  
**Highest Grade Completed:** \_\_\_\_ **Employed?** YES NO  
**Current enrollment in school or training?** YES NO

**Please list names and birthdates for other members of the household:**

<b>Name:</b> _____	<b>Birthdate:</b> _____	<b>Relationship to child:</b> _____
<b>Name:</b> _____	<b>Birthdate:</b> _____	<b>Relationship to child:</b> _____
<b>Name:</b> _____	<b>Birthdate:</b> _____	<b>Relationship to child:</b> _____
<b>Name:</b> _____	<b>Birthdate:</b> _____	<b>Relationship to child:</b> _____
<b>Name:</b> _____	<b>Birthdate:</b> _____	<b>Relationship to child:</b> _____
<b>Name:</b> _____	<b>Birthdate:</b> _____	<b>Relationship to child:</b> _____

**Other Significant Caregiver with custodial responsibilities:**

**Name :** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Primary Language:** English Spanish Other

**If you live in Newport: How many times have you moved out of and back into Newport?** \_\_\_\_\_  
**What is the total time your child has lived in Newport:** \_\_\_\_\_

**Program Involvement:**

Please indicate any of the following programs or services that your child has been or is currently enrolled:

_____ First Steps		
_____ Childcare outside of the home	<b>Where?</b> _____	<b>How long?</b> _____
_____ Every Child Succeeds		
_____ Occupational / Physical Therapy	<b>How Long?</b> _____	
_____ Preschool	<b>Where?</b> _____	
_____ Other	<b>Where?</b> _____	<b>How long?</b> _____

**Total # of Children in Household:** \_\_\_\_\_ **Total # of Adults in Household:** \_\_\_\_\_

**What elementary school will your child attend?** \_\_\_\_\_

**Demographic Information:**

**Yearly Family Income:**    \$0-9,999    \$10,000-14,999    \$15,000-24,999    \$25,000-34,999    \$35,000 +

**Ethnicity:**    Caucasian/White    Black/African American    Asian/Pacific Islander    American Indian/Alaskan    Hispanic    Other

**Medical Home & Services:**

Does your child have health insurance?    Yes    No

Would you like information and or help in obtaining healthcare assistance?    Yes    No

Is your child up-to-date on their required immunizations?    Yes    No

Does your child have a primary care physician?    Yes    No

Does your child visit the dentist at least once a year?    Yes    No

Has your child received a vision screening?    Yes    No

**Monthly Group Meetings:**

**What day of the week is best for you to attend a parent/child group meeting?**    Mon    Tues.    Wed.    Thurs.    Fri.

**What time frame would allow you to attend?**    10am-12pm    12pm-2pm    2pm-4pm    4pm-6pm    6pm-8pm

**What activities would you be most interested in?** (please check all that apply)

Parenting Topics

Community Resources

Child Development

Home / Personal Safety

Stress Relief

Outings

Scrapbooking

Cooking / Housekeeping

Budgeting and Money Management

Other (please list) \_\_\_\_\_

Is there a hobby or special interest that you would be willing to share with the larger group of parents? (please explain)

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**Contact Information:** (This information will be used to remind you of HIPPIY events and to contact you about surveys regarding the HIPPIY Program.)

**Email:**

**Cell Phone #:**

**Do you have a text plan on this phone?**    Yes    No

**Which method of contact would you prefer to receive event reminders and/or survey information?** (choose one)

Email     Home Ph.     Cell Ph.     Mail