

FORT ZUMWALT PARENTS AS TEACHERS ENROLLMENT FORM

Please complete and email to: DeberahMorris@fz.k12.mo.us

or mail to: FZ Parents as Teachers, 7898 Veterans Memorial Pkwy, St. Peters, MO 63376

Today's date:

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

Street address:

City/State/Zip:

Preferred phone number for initial contact (including area code):

Email address:

How did you hear about Parents as Teachers?

The best time for a home visit (please circle): *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 circle one – for data collection only):

American Indian or

Black Hispanic/Latino

Alaska Native Asian or

White

Pacific Islander

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 circle one – for data collection only):

American Indian or	Black Hispanic/Latino
Alaska Native Asian or	White
Pacific Islander	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 circle one – for data collection only):

American Indian or	Black Hispanic/Latino
Alaska Native Asian or	White
Pacific Islander	Multi-racial

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

If so please describe: