

PAT Enrollment Form

Referred by :

Friend ____ Relative ____ Recruitment ____

Other PAT ____ Hospital/Physician ____

Other _____

Date of First Contact: _____

Parents' Names: _____

Married Single Widowed Divorced Partners

Address: _____ E-Mail: _____

Best Phone #: _____ Alternate Phone #: _____

Time & Days available for Personal Visits: ____ Morning ____ Afternoon ____ Evening M-T-W-Th-F-S
 (Choose minimum of 2 days)

Elementary School Attendance Area: ____ Keysor ____ N. Glendale ____ Robinson ____ Tillman ____ Westchester

<u>Legal Name of Child</u>	<u>Nickname</u>	<u>Birth date</u>	<u>Sex</u>	<u>Adopt/Foster?</u>	<u>Birth Weight</u>	Immunizing On schedule
_____	_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	_____	Y/N

Family Information:

Parent Birth Date: _____ Name of Health Insurance: _____

Name of Child's Health Care Provider (pediatrician): _____

MOM DAD

Last Grade in School : _____ _____

Work full/part-time: _____ _____

Ethnicity: _____ _____

Do you qualify for any financial assistance from the state? _____

Disabilities in family: _____

Illness or complications (pregnancy to present): _____

Concerns about development: _____

Enrolled in First Steps? Y/N Comments: _____

Have you ever been enrolled at KECC? Y/N

Please mail completed form to: Parents as Teachers, 100 N. Sappington, Kirkwood, MO 63122 or fax to 314-213-6138 or scan to michelle.boldt@kirkwoodschoools.org