



## CPAT Enrollment Record

Groups \_\_\_\_\_

H.V. \_\_\_\_\_

P.E. \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Child's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Child's due date: \_\_\_\_\_ Cell: \_\_\_\_\_

m/d/y

m/d/y

Child's address: \_\_\_\_\_

street

city

zip

E-Mail: \_\_\_\_\_ Referral source: \_\_\_\_\_

What is the family's reason for joining our program? \_\_\_\_\_

Name and phone # of person to contact if unable to contact parent: \_\_\_\_\_

### Family Information: (Some of this info may be recorded later while working with the family.)

Marital status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Mother

Father

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Birth date: \_\_\_\_\_

Last grade in school: \_\_\_\_\_

Occupation (full/part): \_\_\_\_\_

Language used most frequently in home: \_\_\_\_\_

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

Siblings in the home: M/F Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

M/F Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

M/F Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Residents in home other than M/F Age: \_\_\_\_\_ Relationship with child: \_\_\_\_\_

Immediate family: M/F Age: \_\_\_\_\_ Relationship with child: \_\_\_\_\_

M/F Age: \_\_\_\_\_ Relationship with child: \_\_\_\_\_

### Child Information:

Baby's birth weight: \_\_\_\_\_ Length of infant hospital stay at delivery: \_\_\_\_\_

Any illness or complications during pregnancy or delivery? \_\_\_\_\_

Has the child been hospitalized since birth? \_\_\_\_\_

Names(s) of child's medical/service provider(s): \_\_\_\_\_

Name and address of regular childcare provider other than parent: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of last exam by physician: \_\_\_\_\_

Additional comments or information (attach sheet if necessary): \_\_\_\_\_