



ANSON COUNTY PARTNERHIP FOR CHILDREN
MOTHEREAD REGISTRATION FORM



(Please Print)

PARENT INFORMATION

Parent's Full Name:		Marital status (circle one) Single / Mar / Div / Sep / Wid	
What name do you prefer to be called by?		Birth date: / /	Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Phone Number: ()	
P.O. Box:	City:	State:	ZIP Code:
Please check your highest level of education:	<input type="checkbox"/> Some High School <input type="checkbox"/> Completed High School <input type="checkbox"/> Some College <input type="checkbox"/> Completed Technical School <input type="checkbox"/> Completed Associates Degree <input type="checkbox"/> Completed Bachelor's Degree <input type="checkbox"/> Complete Master's Degree		
Occupation:	Employer:		
What is your language preference? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Will you need child care to attend this program for children not in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have transportation to attend weekly sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes			
Do you like reading?			
Do you read with your child? <input type="checkbox"/> Yes, Always <input type="checkbox"/> Yes, often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Often <input type="checkbox"/> Never			
If so, what do you like to read?			
What activities do you enjoy doing with your child?			

CHILD INFORMATION

Child's Name:	Birth date: / /	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Child's Name:	Birth date: / /	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Child's Name:	Birth date: / /	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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