

B.A.B.Y.
BIRTH AND BEGINNING YEARS
REGISTRATION FORM
Chowan/Perquimans Smart Start Partnership
 409 Old Hertford Rd., Edenton, NC 27932
 TEL: (252) 482-3035 -- FAX: (252) 482-1324
 Crystal Hale – Early Literacy Coordinator

Date : _____

Name of Parent(s): _____

Address of Parent: _____
 (If PO Box Please include street address as well)

County of Residence: _____

Telephone: Work: _____ Home: _____ Cell: _____

CHILDREN'S INFORMATION:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Gender</u> M or F	<u>Child Care Site</u>

Other caretakers taking class and their relationship to child/ children: _____

Anyone in the family **not** taking the class: _____

Ethnicity : Please Circle

African American Caucasian Latino/Hispanic American Indian Asian Other

Medicaid? Yes No HealthChoice? Yes No Private Insurance? Yes No

Are there any medical conditions, medications, or special dietary needs a family member has that we should know about?
 Yes No

If YES, please explain _____

How did you hear about B.A.B.Y.? _____

Reason for interest in the program. (please be specific): _____

Parent/Caregiver Signature: _____

Date: _____

RETURN REGISTRATION FORM BY FAX, MAIL OR EMAIL

Contact: Crystal Hale Phone: (252) 482-3035 Fax: (252) 482-1324

E-mail: chale_literacy@yahoo.com