

INCREDIBLE YEARS REGISTRATION FORM
Chowan/Perquimans Smart Start Partnership

409 Old Hertford Rd., Edenton, NC 27932
TEL: (252) 482-3035 -- FAX: (252) 482-1324

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 or Grade in School</u>

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

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

How many of the above children will be attending the class with you?: _____

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 the Incredible Years? _____

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

Parent/Caregiver Signature: _____

Date: _____

Registration Fee: \$15 Cash, Check, or Money Orders accepted. Scholarships are available for those who need assistance with the registration fee.

RETURN REGISTRATION FORM BY FAX, MAIL OR EMAIL

Contact: Susan Nixon

Phone: (252) 482-3035

E-mail: snixon.cpssp@gmail.com