0-2 Program Registration

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| --- | --- |
| Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child's Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Class preference (circle one): Spanish / English |
|  |  |
| Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other contacts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is the best way to contact you?  |  Call Text Email   |
| When is the best time to contact you?  |  Day Evening |
| Alternate Contact#1 |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Phone #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Parent’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your country of origin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What is your native language? \_\_\_\_\_\_\_\_\_\_\_\_ |
| How long have you been in the United States? \_\_\_\_\_\_\_ | Do you speak other languages? \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Are you employed? Yes No | Occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Does your child have food allergies or medical problems? Yes No |
|  |  |

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| --- | --- | --- | --- |
| Name | Age | Birthdate | Name of School They Attend or will Attend |
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During PALS classes, parents and their children are individually videotaped while they play together. PALS coaches then view these videos with the parents individually in the class, talking about what happened in the video, what went well, and what strategies parents could try next time. These videos will not be shared with anyone outside of PALS classes or with the other parents.

Do you give PALS coaches permission to film you and your child playing together? \_\_\_\_Yes \_\_\_\_No

Do you give PALS coaches permission to share these videos (of you and your child playing together) with the class?

\_\_\_\_Yes \_\_\_\_ No

**Media and Publicity Consent**

Do you give us permission to, occasionally, take pictures and videos of you and your child participating in class or other PALS events? \_\_\_\_\_Yes \_\_\_ No

Do you give us permission to utilize these pictures and videos to promote this program in the community around the Houston - Brownsville area?

\_\_\_\_ Yes \_\_\_\_ No

Do you give us permission to publish your name and your child's name in connection to your participation in class or other PALS events? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you give us permission to contact you in the future for a study case showing the effect of the PALS class on your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

Packet Received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personnel Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_\_ Waitlisted

Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_