



Playgroup Registration

*Child's FULL Name: _____

*Child's Gender: Male Female

*Child's Date of Birth (Month/Day/Year): _____

*Child's Home Address (Street Address and City): _____

*Ethnicity (chose one):

Hispanic Non-Hispanic

*Race (chose all that apply):

White

Middle Easterners and North Africans

Black or African American

Native Indian or Alaska Native

Asian

*Is your child receiving Special Education Services? Yes No

*Is your child receiving EI Services? Yes No

*Are there any concerns you have about your child that we should be aware of to better support you and your family? _____

*Does your child speak any language at home other than English? Yes No

If yes, what language? _____

*Does your child have allergies? Yes No

If yes, what allergies? _____

*Name of Adult accompanying child to playgroup: _____

*Relationship to Child: _____

*Phone Number: _____

Email Address: _____

*Parent/Guardian (1): _____

Date of Birth: _____

*Phone Number: _____

*Email Address: _____

Parent/Guardian (2): _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

*What is the child's household size (including the child)? Adults ____ Children ____

In case of an emergency, Chelsea / Revere Family Network can contact or release your child to:

Full Name: _____

Relationship: _____

Address (Street and City): _____

Phone Number: _____

PERMISSION FOR PHOTOGRAHS AND VIDEOTAPES

Child's Name: _____

I give the staff of the Chelsea/Revere Family Network (which includes contracted agency staff) permission to take photographs of my child at play while he/she is attending any Chelsea Family Network activity. The photos may be used for the following purposes:

Wall display:	YES _____	NO _____
Newsletters:	YES _____	NO _____
Newspaper article in local newspaper:	YES _____	NO _____
Videos: (used for public relationship):	YES _____	NO _____
CFN Website / Social Media	YES _____	NO _____

Parent's Signature: _____

Date: _____

GOAL PAGE

WHAT I HOPE TO GAIN FROM THE CHELSEA FAMILY NETWORK PLAYGROUP IS:

- One on one time with my child
 - Talking with other parents and facilitators about parenting techniques and ideas
 - Time for general conversation with other parents
 - Participating in a structured environment with my child
 - Facilitating a group activity
 - Other goals
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WHAT I HOPE MY CHILD WILL GAIN FROM THE PLAYGROUP IS:

- Developmental Stimulation:
 - Gross Motor (Big muscles)*
 - Fine Motor (Hand-eye coordination/Small muscles)*
 - Language Development*
 - Expressive (Saying)
 - Receptive (Understanding)
- Social/ Emotional Development
 - Play skills*
 - Interaction with peers*
- Self-care Skills
 - Feeding*
 - Toileting*
 - Dressing*

- Responding to limit setting
- Participating in art activities
- Exposure to a structured environment
- Participating in circle time
- Other goal _____

WHAT TYPES OF INFORMATION ARE YOU INTERESTED IN HAVING ACCESS TO? _____

COMMENTS/IDEAS _____
