



## Participant Registration Form

**Welcome!** The information on this form will be used for local program development and for reporting to our funding sources. Information will be kept confidential. If you have any questions about this form, please ask a staff person. **Thank you!**

Today's Date: \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female  
(Last) (First) (MI)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Combined household income: \$ \_\_\_\_\_ per ☐ week ☐ month ☐ year Total number of people in household: \_\_\_\_\_

1. **Marital Status:** ☐ Married ☐ Remarried ☐ Separated ☐ Widowed  
☐ Divorced ☐ Single and never married ☐ Living with my partner

2. **Religion:** ☐ Amish ☐ Catholic ☐ Jewish ☐ Mennonite ☐ Muslim  
☐ Protestant (including Lutheran, Methodist, Baptist, Presbyterian, etc.)  
☐ Non-Denominational ☐ No Affiliation  
☐ Other (specify): \_\_\_\_\_

3. **Primary Language** (choose only one): ☐ English ☐ Spanish ☐ Hmong  
☐ Other (specify): \_\_\_\_\_

4. **Race:** ☐ American Indian or Alaskan Native ☐ Asian ☐ White  
☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander  
☐ Mixed - Two or more Races ☐ Other (specify): \_\_\_\_\_

5. **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

6. **Employment Status:** ☐ Employed full time ☐ Retired ☐ Student  
☐ Employed 20 hours or less ☐ Employed more than 20 hours per week  
☐ Stay at home parent by choice ☐ Unemployed ☐ Serving in the military  
☐ Temporary/seasonal worker

7. **My child(ren) has a doctor they see regularly for well child exams:**  
☐ Yes ☐ No ☐ I don't know

8. **Are you a childcare provider** (not including your own children)? ☐ Yes ☐ No

9. **Are you:** ☐ Not Disabled ☐ Disabled ☐ Disabled Receiving SSI

10. **Are you Pregnant?** ☐ Yes ☐ No

11. **Are you enrolled in WIC?** ☐ Yes ☐ No

12. **Sexual Orientation:** ☐ Bisexual ☐ Gay ☐ Heterosexual ☐ Lesbian

13. **My family is currently dealing with (check all that apply):**  
☐ Divorce or separation ☐ Alcohol or drug use ☐ Job loss/unemployment  
☐ Child custody dispute ☐ Mental health issues ☐ Death in the family  
☐ Struggling to make ends meet ☐ Relocation/moving ☐ Homelessness  
☐ Raising a child with special needs ☐ Teen pregnancy/parenting  
☐ Child Protective Services involvement ☐ Incarceration/probation/parole  
☐ No current issues ☐ Other: \_\_\_\_\_

*Please note: we use this information to help us understand the needs of the families we serve. If you would like assistance with these or any other issues, please talk to a staff member.*

14. **I use the Family Resource Center as part of my job:** ☐ Yes ☐ No

**If yes, please indicate your professional role:**

☐ Center-based childcare provider ☐ Home-based childcare provider  
☐ Birth To Three staff member ☐ Family support worker ☐ Teacher  
☐ Respite care provider ☐ Human services provider (public or private)  
☐ Other (please specify): \_\_\_\_\_

Name: \_\_\_\_\_

## Participant Registration Form

*Note: You do not need to complete this section if you are using the Family Resource Center for professional purposes only (i.e. checking “yes” on #14).*

Please list information for the members of your household below. *If you need additional space please request more paper from staff.*

Name (first and last)	Relationship to you	Date of Birth	Gender	Race	Ethnicity	Child's Immunizations Up to date?	Disabled	Lives with you?
	<input type="checkbox"/> Spouse <input type="checkbox"/> Partner		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Birth Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Adoptive Child <input type="checkbox"/> Step Child <input type="checkbox"/> Partner's Child		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Birth Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Adoptive Child <input type="checkbox"/> Step Child <input type="checkbox"/> Partner's Child		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Birth Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Adoptive Child <input type="checkbox"/> Step Child <input type="checkbox"/> Partner's Child		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Birth Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Adoptive Child <input type="checkbox"/> Step Child <input type="checkbox"/> Partner's Child		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Birth Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Adoptive Child <input type="checkbox"/> Step Child <input type="checkbox"/> Partner's Child		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Birth Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Adoptive Child <input type="checkbox"/> Step Child <input type="checkbox"/> Partner's Child		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (i.e. grandchild, non-relative etc.) Please Specify: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (i.e. grandchild, non-relative etc.) Please Specify: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Mixed - Two or more Races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Thank you for taking the time to fill out this questionnaire!**