

**One-Time**

**FAMILY REGISTRATION FORM**

**Demographic and diversity questions are voluntary. The data collected is only used collectively for the purposes of grant applications and reporting. Our program is entirely grant- and donation-funded. We never share individual names with any government entity. \***

**PARENT/CAREGIVER #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender identity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Black \_\_\_Asian \_\_\_Hispanic \_\_\_White \_\_\_Native American \_\_\_Haitian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Single \_\_\_Teen \_\_\_Adoptive parent \_\_\_Grandparent/kinship parent Disability?\_\_\_Yes\_\_\_No

**PARENT/CAREGIVER #2**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender identity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Black \_\_\_Asian \_\_\_Hispanic \_\_\_White \_\_\_Native American \_\_\_Haitian \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Single \_\_\_Teen \_\_\_Adoptive parent \_\_\_Grandparent/kinship parent Disability?\_\_\_Yes\_\_\_No

**LANGUAGE(S) SPOKEN AT HOME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN:** I am due to deliver or adopt: Month\_\_\_\_\_\_ Year\_\_\_\_\_\_

Child Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Month\_\_\_\_\_\_ Year\_\_\_\_\_\_ E.I. or IEP?\_\_ Yes\_\_\_No

\_\_\_Black \_\_\_Asian \_\_\_Hispanic \_\_\_White \_\_\_Native American \_\_\_Haitian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Month\_\_\_\_\_\_ Year\_\_\_\_\_\_ E.I. or IEP?\_\_\_Yes\_\_\_No

\_\_\_Black \_\_\_Asian \_\_\_Hispanic \_\_\_White \_\_\_Native American \_\_\_Haitian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Month\_\_\_\_\_\_ Year\_\_\_\_\_\_ E.I. or IEP?\_\_\_Yes\_\_\_No

\_\_\_Black \_\_\_Asian \_\_\_Hispanic \_\_\_White \_\_\_Native American \_\_\_Haitian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form in any of the following ways:**

Mail: First Connections, 179 Great Rd., #104A, Acton, MA 01720

Fax: 978-429-8690 Scan/email: lmatthews@jri.org

First Connections is funded primarily by a Coordinated Family & Community Engagement Grant from the Mass. Dept. of Early Education and Care.

**\*Please note:** In accordance with The Child Abuse Prevention and Treatment Act of 1974, and Massachusetts General Laws, Chapter 119, First Connections’ staff, as employees of Justice Resource Institute, are mandated reporters and must report all cases of suspected child maltreatment to the Department of Children and Families.