



# Judy Center Registration Form

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Last Name \_\_\_\_\_ Child First Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Language spoken at home \_\_\_\_\_ Gender  M  F

In the past year, has your child been cared for regularly by any person other than their parent or guardian?  Yes  No

If yes, by who?  Family  Friend  Home provider  Childcare Center  Judy Center

Race (Check all that apply)

African American/Afro American  White  Hispanic/Latino  Two or More races  Asian

American Indian or Alaska Native  Native Hawaiian or Pacific Islander  Other

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Days AND times you would like to attend Play and Learn Groups (check all that apply)

Tues AM  Tues PM  Wed AM  Wed PM  Thur AM  Thur PM

Times You are Available to Attend \_\_\_\_\_

## Sibling Information

Are there any other children that live in your home? Please name them and specify ages and gender

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School that they attend \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School that they attend \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School that they attend \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School that they attend \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

List any other adults who may attend Play and Learn Groups with your child

Name \_\_\_\_\_ Contact Info \_\_\_\_\_

Name \_\_\_\_\_ Contact Info \_\_\_\_\_

Name \_\_\_\_\_ Contact Info \_\_\_\_\_

Name \_\_\_\_\_ Contact Info \_\_\_\_\_

Does your child have any of the following?  IEP  IFSP Please provide a copy.

Allergies—please list \_\_\_\_\_

Developmental concerns (if any) \_\_\_\_\_

Has there been any recent changes to your child's family structure such as divorce, death in the family, a new sibling, etc. that you would like to disclose?  Yes  No

If so explain,

Has your child received or participated in any of the following services?	Status
BEST	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled
Head Start	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled
Infants and Toddlers	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled
Mental Health Services	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled
Child Find	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled
Health Department	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled
WIC	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled
Other	<input type="checkbox"/> Previously Enrolled <input type="checkbox"/> Currently enrolled

What skills do you hope to gain from enrolling yourself and your child in the Judy Center program?

## Parent/Guardian Consent to Release Information

### Confidentiality Statement and Release of Information to Judy Center Programs and Partners

Many agencies work together with the Judy Center to provide services you may be interested in. To help you get the services you need as quickly as possible, the Judy Center can share the information you provide to them with their partners. In order to do this, however, we need your written permission.

I, \_\_\_\_\_ (print name of parent/guardian), give my permission to the following providers to obtain and release any and all pertinent information regarding my child (please print child's name) \_\_\_\_\_.

Judy Center Team Meetings

Dept. of Social Services

Health Department

Infants and Toddlers

Child Care Connections

Recreation and Parks

HOPE (For All)

Anne Arundel Community College

CHAMPS

Child Find

Head Start

County Library

Housing Authority

Other \_\_\_\_\_

Adult Education Program

Pediatrician/Health Care Provider \_\_\_\_\_

*I understand that I can terminate this agreement at any time. I understand that to receive some services, I may also need to complete additional forms and paperwork of the partnering agencies.*

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Media Release

I hereby give my consent for my name, comments, photograph, video image, artwork, or any combination of to be used in electronic media ventures by Anne Arundel County Public Schools (AACPS) and the outside media, including on websites and television stations. I understand that AACPS is not responsible for the content of outside media stories.

I hereby give my consent for my child's name, comments, photograph, video image, artwork, or any combination of to be used in electronic media ventures by Anne Arundel County Public Schools (AACPS) and the outside media, including on websites and television stations. I understand that AACPS is not responsible for the content of outside media stories.

The media release for anyone under the age of 18 must include the signature of a parent or guardian.

This Release is for (name) <input type="checkbox"/> Adult <input type="checkbox"/> Child		School Name
Parent/Guardian Name <i>(Please print)</i>		
Signature of Adult or Parent/Guardian		Date



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The media release for anyone under the age of 18 must include the signature of a parent or guardian.

This Release is for (name) <input type="checkbox"/> Adult <input type="checkbox"/> Child		School Name
Parent/Guardian Name <i>(Please print)</i>		
Signature of Adult or Parent/Guardian		Date



# Family Enrollment Survey

Location \_\_\_\_\_

The purpose of the Judy Center is to increase kindergarten readiness and support families in the community. The Judy Center is a comprehensive, community-based program that offers a full range of services to children birth to age 4 and their families. Children birth to age 5 who are currently enrolled or will attend Anne Arundel County Judy Center School PreK programs automatically qualify to be a part of and receive services from the Judy Center. For us to best support your child and your family, please complete this brief survey.

## 1. Family members living in the home

Mother \_\_\_\_\_ Father \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Please check the best way to reach you:  Email  Cell Phone  House Phone

Cell Phone \_\_\_\_\_ House Phone \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Neighborhood or Community \_\_\_\_\_

2. Household Type  Two Parent Home  Single Female Parent  Single Male Parent  Grandparents

Foster Parent  Non-Custodial Caregiver

3. Languages spoke at home  English  Spanish  Other \_\_\_\_\_

## 4. All Children Living in the Home (Please Print)

Child's First and Last Name	DOB	Gender M/F	Entering Grade	Race	In Child Care Y/N
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				

Is anyone in your home expecting  Yes  No

## 5. Please check the agencies your family **currently** receives services from

Anne Arundel County Department of Social Services (TCA, Purchase of Care Vouchers, Food Stamps)

Anne Arundel County Health Department (WIC)

Anne Arundel County Infants & Toddler Program (IFSP, IEP)

# Family Enrollment Survey

**6. Please check the services or resources your family would like more information about**

- Clothing    Food    Housing    Behavior    Parent Education    Counseling    Child Care    Lead Testing
- Child Development    School Readiness    Furniture/Appliances    Behavior or Mental Health
- Birth Certificates, SSI Card, MD State ID    Other \_\_\_\_\_

**7. The Judy Center can also connect adults with continuing education programs offered in the area.**

*Please let us know how we can support you in this way*

- ABE    GED    College    ESL    Job Training Skills    Trade Certificate
- Resume Writing    Job Search    Interview Prep

**8. Does your family have**

- Health Insurance by Employer    Medical Assistance    Dental Insurance
- Vision Insurance    Primary Care Provider    Dentist    Eye Doctor

**9. Does your family need information to obtain**

- Health Insurance/Primary Care Provider    Dental Insurance/Dentist    Vision Insurance/Eye Dr.
- Immunizations    Lead Testing

**10. Please check what kinds of programs and/or events you and your family would like to participate in.**

**Below are a list of programs and/or events**

- Play Groups    Parent Workshops    Family Nights    Field Trips    Tutoring    Lending Library
- Parent Support Group    Home Visiting    Other

**11. What are the best times for your family to attend programs and/or events sponsored by the Judy Center?**

- Mornings 9:00–12:00    Afternoons 1:00–3:00    Evenings after 4:00

I understand that the information I provide will be used for data collection by the program(s) in which I am enrolled, as well as the Maryland State Department of Education, for the purpose of continued programming and funding development. I give permission for information to be shared with Judy Center partners and Anne Arundel County Public Schools Judy Center Administrative staff. Information will only be shared for the purpose of family service coordination and continuous school improvement. Confidentiality between partners will be observed at all times.

Print Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_