

# Enrollment Form

ef1j

We recommend the Bright by Three (formerly Bright Beginnings) Program to develop early learning skills for children under 3.

Parent/Caregiver name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relationship to child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other family <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Other Paid Care <input type="checkbox"/> Other Unpaid care	<b>Languages spoken in the home (Check all that apply):</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<b>Relationship status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> In a relationship (not living with a partner)	<b>Education:</b> <input type="checkbox"/> No HS <input type="checkbox"/> Some HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree	<b>Race:</b> <input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Isl. <input type="checkbox"/> Two or more races <input type="checkbox"/> Other _____	<b>Hispanic/Latino:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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1.) Child's name: \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth/ Due Date:</b>  <b>Age of child (in months):</b>  _____	<b>Child's Race:</b> <input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Isl. <input type="checkbox"/> Two or more races <input type="checkbox"/> Other _____	<b>Hispanic/Latino:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Child's health insurance:</b> <input type="checkbox"/> Private (e.g. through work) <input type="checkbox"/> Medicaid <input type="checkbox"/> CHP+ <input type="checkbox"/> None <input type="checkbox"/> Not Sure	<b>I receive/expect to receive help in caring for this child - for at least 4 hours per week - from: (Check all that apply)</b> <input type="checkbox"/> Family <input type="checkbox"/> Friends/Neighbors <input type="checkbox"/> Child Care Facility (e.g. Daycare Center, Nursery) <input type="checkbox"/> Other paid care <input type="checkbox"/> Other unpaid care <input type="checkbox"/> None
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2.) For additional children under the age of 3 in your care, please fill out the table below:

	Child's First Name	Child's Last Name	Check which of the following applies		Race	Hispanic/Latino?: Yes or No	Date of Birth/ Due Date	Age in Months
			Your Son or Daughter	Other Child				
1								
2								
3								
4								
5								

*Thank you for enrolling in the Bright by Three early childhood development program. The purpose of our program is to support you in promoting your child's language and social-emotional development before age 3. Our goal is to help you improve their future school readiness and performance. Using the contact information you provide, we will keep in touch with you via email, phone or text to share important messages related to your child's current development stage. Additionally, we may invite you to local events, share early childhood resources, and seek your feedback regarding the value of our materials to you and the children in your care. Bright by Three will not share your personal information with anyone.*

## TO BE FILLED OUT BY VISITOR/AGENCY

<b>Visitor:</b> _____ <b>Phone:</b> _____ <b>Agency:</b> _____ <b>Enrollment date:</b> _____ <b>Address/visit location:</b> _____ <b>Received a visit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If "NO", does the parent/caregiver prefer a: <input type="checkbox"/> Group Visit <input type="checkbox"/> Home Visit If "YES", please fill in the following: <b>Received kit?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Part:</b> <input type="checkbox"/> AE <input type="checkbox"/> BE <input type="checkbox"/> CE <input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> CS <b>Visit length:</b> <input type="checkbox"/> <15 mins <input type="checkbox"/> 15-45 mins <input type="checkbox"/> 45+ mins <b>Number of adults present at visit:</b> _____ <b>Visit type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Office/Individual <input type="checkbox"/> Group	<b>Notes:</b>          Fax: 303-302-1691 • 730 Colorado Blvd Ste 202, Denver CO 80206 • Email: forms@bb3.org • Phone: 303-433-6200 • BrightbyThree.org
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