



ANSON COUNTY PARTNERHIP FOR CHILDREN  
**MOTHEREAD REGISTRATION FORM**



(Please Print)

**PARENT INFORMATION**

|  |  |   |  |
|--|--|---|--|
| Parent's Full Name:  |  | Marital status (circle one)<br>Single / Mar / Div / Sep / Wid |  |
| What name do you prefer to be called by?   |  | Birth date:<br>/ /  | Age: _____<br>Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Street address:  |  | Phone Number:<br>( )  |  |
| P.O. Box:  | City:  | State:  | ZIP Code:  |
| Please check your highest level of education:  | <input type="checkbox"/> Some High School <input type="checkbox"/> Completed High School <input type="checkbox"/> Some College<br><input type="checkbox"/> Completed Technical School <input type="checkbox"/> Completed Associates Degree<br><input type="checkbox"/> Completed Bachelor's Degree <input type="checkbox"/> Complete Master's Degree |   |  |
| Occupation:  | Employer:  |   |  |
| What is your language preference? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____  |  |   |  |
| Will you need child care to attend this program for children not in school? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |
| Do you have transportation to attend weekly sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes  |  |   |  |
| Do you like reading?   |  |   |  |
| Do you read with your child? <input type="checkbox"/> Yes, Always <input type="checkbox"/> Yes, often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Often <input type="checkbox"/> Never |  |   |  |
| If so, what do you like to read?   |  |   |  |
| What activities do you enjoying doing with your child?   |  |   |  |

**CHILD INFORMATION**

|               |                    |            |  |
|---------------|--------------------|------------|--|
| Child's Name: | Birth date:<br>/ / | Age: _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Child's Name: | Birth date:<br>/ / | Age: _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Child's Name: | Birth date:<br>/ / | Age: _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Child's Name: | Birth date:<br>/ / | Age: _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |