



PESE REGISTRATION FORM



Child's Name: _____ CMEDS Assigned ID: _____

Date of Birth: _____ Weeks Premature: _____ Sex: Male Female

Program Start Date (Date Referral Received): _____

Special Needs: No Yes If Yes: Developmental Disability Hearing Impairment Other: _____

Client Type: Child 0-<3 Years of Age Child 3-5 Years of Age Family Relationship: Daughter Son Foster child

Child's Race/Ethnicity:

- African African American/Black American Indian/Alaskan Native Asian Multiracial Pacific Islander Hispanic/Latino White (non-Hispanic) Other: _____ Don't know/Declined

Primary Language Spoken by Child – For Infant, Primary Language Spoken in the Home:

- English Spanish Tagalog Cantonese Mandarin Vietnamese Korean Somali Other: SPECIFY: _____ Don't know/Declined

Home Address: _____ City: _____ ZIP Code: _____

Primary Phone: _____ Alternate Phone: _____ Email: _____

Child's Doctor: _____ Office/Clinic Location: _____

Child's Insurance (if any): Insurance Name: _____

Parent/Guardian #1 Name: _____ CMEDS Assigned ID: _____

Date of Birth: _____ Sex: Male Female

Family Relationship: Mother Father Grandparent Foster Parent Legal Guardian Other Relative Don't Know/Declined

Parent/Guardian Race/Ethnicity:

- African African American/Black American Indian/Alaskan Native Asian Multiracial Pacific Islander Hispanic/Latino White (non-Hispanic) Other: _____ Don't know/Declined

Primary Language Spoken by Parent/Guardian:

- English Spanish Tagalog Cantonese Mandarin Vietnamese Korean Somali Other: SPECIFY: _____ Don't know/Declined

Parent/Guardian #2 Name: _____ CMEDS Assigned ID: _____

Date of Birth: _____ Sex: Male Female

Family Relationship: Mother Father Grandparent Foster Parent Legal Guardian Other Relative Don't Know/Declined

Parent/Guardian Race/Ethnicity:

- African African American/Black American Indian/Alaskan Native Asian Multiracial Pacific Islander Hispanic/Latino White (non-Hispanic) Other: _____ Don't know/Declined

Primary Language Spoken by Parent/Guardian:

- English Spanish Tagalog Cantonese Mandarin Vietnamese Korean Somali Other: SPECIFY: _____ Don't know/Declined