

Mothered/Fatheread Colorado Parent Information Form

Agency/Organization Name _____

Mothered/Fatheread Facilitator Name(s) _____

Parent/Guardian Name- (or assigned agency number)	City of Residence	Zip Code
What language does your family speak in the home most often? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
Does your family qualify for free or reduced-price lunch at school? (check one) <input type="checkbox"/> Free lunch <input type="checkbox"/> Reduced-price lunch <input type="checkbox"/> No, we do not qualify.		

Child 1	Child Name	Birth month (mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Is your child (please check only one)? <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other (please specify)		Is your child of Hispanic, Latino or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What grade is your child in? <input type="checkbox"/> Infant (0-12 months) <input type="checkbox"/> ECE (4 years to under 5 years) <input type="checkbox"/> 2nd Grade <input type="checkbox"/> Toddler (Over 12 months to under 3 years) <input type="checkbox"/> Kindergarten (5-6yrs) <input type="checkbox"/> 3rd Grade <input type="checkbox"/> Preschool (3 years to under 4 years) <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade or older		

Child 2	Child Name	Birth month (mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Is your child (please check only one)? <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other (please specify)		Is your child of Hispanic, Latino or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What grade is your child in? <input type="checkbox"/> Infant (0-12 months) <input type="checkbox"/> ECE (4 years to under 5 years) <input type="checkbox"/> 2nd Grade <input type="checkbox"/> Toddler (Over 12 months to under 3 years) <input type="checkbox"/> Kindergarten (5-6yrs) <input type="checkbox"/> 3rd Grade <input type="checkbox"/> Preschool (3 years to under 4 years) <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade or older		

Mothered/Fatheread facilitators, please complete this section for the parent listed above:	
Date Form Completed _____/_____/_____	
Date of First Mothered/Fatheread Session Attended _____/_____/_____	
Date of Last Mothered/Fatheread Session Attended _____/_____/_____	

Motherread/Fatheread Colorado Parent Information Form

Child 3	Child Name	Birth month (mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Is your child (please check only one)?		Is your child of Hispanic, Latino or Spanish origin?
	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No
What grade is your child in?			
<input type="checkbox"/> Infant (0-12 months) <input type="checkbox"/> ECE (4 years to under 5 years) <input type="checkbox"/> 2nd Grade <input type="checkbox"/> Toddler (Over 12 months to under 3 years) <input type="checkbox"/> Kindergarten (5-6yrs) <input type="checkbox"/> 3rd Grade <input type="checkbox"/> Preschool (3 years to under 4 years) <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade or older			

Child 4	Child Name	Birth month (mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Is your child (please check only one)?		Is your child of Hispanic, Latino or Spanish origin?
	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No
What grade is your child in?			
<input type="checkbox"/> Infant (0-12 months) <input type="checkbox"/> ECE (4 years to under 5 years) <input type="checkbox"/> 2nd Grade <input type="checkbox"/> Toddler (Over 12 months to under 3 years) <input type="checkbox"/> Kindergarten (5-6yrs) <input type="checkbox"/> 3rd Grade <input type="checkbox"/> Preschool (3 years to under 4 years) <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade or older			

Child 5	Child Name	Birth month (mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Is your child (please check only one)?		Is your child of Hispanic, Latino or Spanish origin?
	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No
What grade is your child in?			
<input type="checkbox"/> Infant (0-12 months) <input type="checkbox"/> ECE (4 years to under 5 years) <input type="checkbox"/> 2nd Grade <input type="checkbox"/> Toddler (Over 12 months to under 3 years) <input type="checkbox"/> Kindergarten (5-6yrs) <input type="checkbox"/> 3rd Grade <input type="checkbox"/> Preschool (3 years to under 4 years) <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade or older			