

Return to one of the sponsoring agencies or mail to: Care 4 Kids, 700 Liledoun Road Taylorsville NC 28681

**Please return by March 10, 2017**

---

**Registration for Children:**

Child Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Child Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Child Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Has your child ever had a developmental screening before? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child currently receive developmental services? (speech therapy, physical therapy, occupational therapy)  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child currently attend childcare or preschool? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where: \_\_\_\_\_

Please share any concerns you have about your  
child: \_\_\_\_\_

Will you need a translator? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language do you speak? \_\_\_\_\_

---

**Registration for Pregnant Women:**

Name of Participant: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pregnant: Yes \_\_\_\_\_ No \_\_\_\_\_ If pregnant: Birthdate \_\_\_\_\_ Delivery Date \_\_\_\_\_

Name of Prenatal Doctor: \_\_\_\_\_

Are you currently on WIC? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, would you like more information regarding WIC? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you planning to breastfeed? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like more information regarding breastfeeding? Yes \_\_\_\_\_ No \_\_\_\_\_

---