

Registration

Child's Name: _____ Birthday: _____

Address: _____
(Street) (City) (State) (Zip code)

Email: _____ Home Phone: _____

Mother: _____ Work Phone: _____

Cell Phone: _____

Employer: _____ Occupation: _____

Father: _____ Work Phone: _____

Cell Phone: _____

Employer: _____ Occupation: _____

Child is living with: Both Parents Mother Father Other _____

Other Family Members in the Household:

Name & Relationship	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language Spoken At Home: _____

Emergency Contact Person: _____ Phone: _____

What grade level has your child completed: _____

What school will your child attend this fall: _____

Will you pick up your child at Noon each day? _____

Medical Information

Child's Doctor: _____ Phone: _____

Serious or Chronic Illness: _____

Allergies: _____

Food Allergies: _____

Vision, Speech, Hearing Problems: _____

Is your child on medication? _____

Characteristic Behavior

What activities does your child enjoy? _____

Are there any fears or anxieties? _____

Are there any toileting difficulties? _____

What word (s) does your child use of urination/defecation? _____

What would you like your child to gain from the R.E.A.C.H program?

Anything else you would like us to know about your child?

Mail to:
REACH for Literacy
P.O. Box 8518
Lacey, WA 98509

Or scan it, attach to an email, and send to:
administrator@reachforliteracy.org