



**Richland School District
Parents as Teachers Program**

Richland Elementary School
304 W. Mildred
Richland, MO 65556
(573)765-3241 EXT. 214
Fax: (573) 765-5783



Parents as Teachers™
Affiliate

Christy Olson
Parents as Teachers Coordinator
Email: *colson@richland.k12.mo.us*

Parents as Teachers Enrollment Form

Please complete the following information completely, as it will help us determine which PAT services your family is eligible for immediately upon enrollment, or where your family will be placed on the waiting list.

Name(s) of child(ren) 5 and under: _____

Date(s) of Birth: _____

Gender (please circle): Male Female Ethnicity (please circle): Hispanic Non-Hispanic

Race (please circle all that apply): American Indian/Alaska Native Asian Black/African American
Native Hawaiian/Pacific Islander White

Parents(s) Name: _____

Phone number(s): _____ What is the best time to contact you? _____ Text? Y/N

Email address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

What is your reason for joining the program? _____

Please circle the time(s) of day you are available for visits. Circle all that apply. Day of the Week? M-T-W-TH-F

Morning early afternoon (noon-3 pm) late afternoon (3-5 pm) evening (5 pm or later)

Family Resources (please circle): TANF WIC Medicaid SNAP (food stamps) Free/Reduced lunch

Pets in the Home? Y N If yes, please list type and number of pets: _____

Special Needs: _____

Have you previously been enrolled with Richland Parents as Teachers or a Parents as Teachers program anywhere else? Y N If so, please tell us when and where, and reason for leaving the program:

Parent Signature: _____ Date: _____

Please return form to Parents as Teachers, Attn: Amber Hedges via mail, fax, or email listed at top of the form Or send it back to school with a older sibling who attends school already.

FOR OFFICE USE ONLY: Date received: _____ Date assigned: _____ PE: _____