



Pleasant Valley Neighborhood for Learning  
 1099 Bedford Drive  
 Camarillo, CA 93010  
 (805) 484-5842

**Registration Form** (Please complete ALL sections)

Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

**Family Information** Please check box if you like to be added to mailing list \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Family Street Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Family Size (including adults)(mark one)

\_\_\_\_\_ @ \_\_\_\_\_ 1 2 3 4 5 6 7+ \_\_\_\_\_

Is there an expectant mother in the family?  Yes  No

How many children are there in your household between the ages of 0-5 years old (up to 6<sup>th</sup> birthday)? 1 2 3 4 5

**Family Income:**

- Less than \$10,000       \$30,000 – less than \$40,000       More than \$75,000  
 \$10,000 – less than \$20,000       \$40,000 – less than \$50,000       No answer/prefer not to say  
 \$20,000 – less than \$30,000       \$50,000 – less than \$75,000

**Adult #1**

Adult's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Adult's gender:  Female  Male

Do you have a high School diploma or GED?  Yes  No  Prefer not to say \_\_\_\_\_

<b>What is your current employment status?</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary employment	<b>What is your marital status?</b> <input type="checkbox"/> Now married <input type="checkbox"/> Domestic partner <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Family member type:</b> <input type="checkbox"/> Biological parent <input type="checkbox"/> Sibling 18 yrs + <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Domestic partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative of child 0-5
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**Adult's Ethnicity:** (check all that apply)  
 Alaskan Native/American Indian  
 Asian (check all that apply):  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  
 Black/African-American  
 Hispanic/Latino:  Mexican, Mexican-American, Chicano  Puerto Rican  Cuban  Central American  Other Hispanic/Latino  
 White  
 Pacific Islander:  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  
 Unknown  
 Other \_\_\_\_\_

**Family Language:**  
 Mostly or ALL English  
 English and another language equally (indicate below)  
 Mostly another language(indicate below)  
 Unknown  
  
 Cantonese  Korean  Spanish  Tagalo  Vietnamese  Madrin  Mixteco  other/unknown  not Applicable

**Adult #2**

Adult's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Adult's Gender:  Female  Male

Do you have a high School diploma or GED?  Yes  No  Prefer not to say \_\_\_\_\_

<b>What is your current employment status?</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary employment	<b>What is your marital status?</b> <input type="checkbox"/> Now married <input type="checkbox"/> Domestic partner <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Family member type:</b> <input type="checkbox"/> Biological parent <input type="checkbox"/> Sibling 18 yrs + <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Domestic partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative of child 0-5
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**Adult's Ethnicity:** (check all that apply)

Alaskan Native/American Indian  
 Asian (check all that apply):  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  
 Black/African-American  
 Hispanic/Latino:  Mexican, Mexican-American, Chicano  Puerto Rican  Cuban  Central American  Other Hispanic/Latino  
 White  
 Pacific Islander:  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  
 Unknown  
 Other \_\_\_\_\_

**Adult #3** (other member who may bring child in for sessions)

Adult's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Adult's gender:  Female  Male  
 Do you have a high School diploma or GED?  Yes  No  Prefer not to say

What is your current employment status? <input type="checkbox"/> Unemployment <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary employment	What is your marital status? <input type="checkbox"/> Now married <input type="checkbox"/> Domestic partner <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Family member type: <input type="checkbox"/> Biological parent <input type="checkbox"/> Sibling 18 yrs + <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Daycare provider <input type="checkbox"/> Foster parent <input type="checkbox"/> Domestic partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative of child 0-5
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**Adult's Ethnicity:** (check all that apply)

Alaskan Native/American Indian  
 Asian (check all that apply):  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  
 Black/African-American  
 Hispanic/Latino:  Mexican, Mexican-American, Chicano  Puerto Rican  Cuban  Central American  Other Hispanic/Latino  
 White  
 Pacific Islander:  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  
 Unknown  
 Other \_\_\_\_\_

**CHILD #1**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Child's Gender:**  Female  Male

**Child's Ethnicity:** (check all that apply)

Alaskan Native/American Indian  
 Asian (check all that apply):  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  
 Black/African-American  
 Hispanic/Latino:  Mexican, Mexican-American, Chicano  Puerto Rican  Cuban  Central American  Other Hispanic/Latino  
 White  
 Pacific Islander:  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  
 Unknown  
 Other \_\_\_\_\_

**Child's Information:**

- How many parent/guardians live in the home with this child? 1 or 2
- Does your child have any kind of health insurance now, such as through an HMO, private insurance, Medi-Cal or Healthy families?  
 Yes  No
- Has a doctor or other health professional ever told you your child was developmentally delayed? A developmental delays means he/she is somewhat slower physically/mentally than other children the same age Yes  No
- Has a doctor/other health professional ever told you your child has any of the following disabilities or special needs? (check all that apply)  
 No  Autism or pervasive development disorder  Another health impairment  
 Serious emotional disturbance  Speech impairment  No answer/prefer not to say  
 A specific learning disability  Deafness or another hearing impairment

**CHILD #2**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Child's Gender:**  Female  Male

**Child's Ethnicity:** (check all that apply)

Alaskan Native/American Indian  
 Asian (check all that apply):  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  
 Black/African-American  
 Hispanic/Latino:  Mexican, Mexican-American, Chicano  Puerto Rican  Cuban  Central American  Other Hispanic/Latino  
 White  
 Pacific Islander:  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  
 Unknown  
 Other \_\_\_\_\_

**Child's Information:**

- 1 How many parent/guardians live in the home with this child? 1 or 2
- 2. Does your child have any kind of health insurance now, such as through an HMO, private insurance, Medi-Cal or Healthy families?  
Yes\_\_ No\_\_
- 3. Has a doctor or other health professional ever told you your child was developmentally delayed? A developmental delays means he/she is somewhat slower physically/mentally than other children the same age Yes\_\_ No \_\_
- 4. Has a doctor/other health professional ever told you your child has any of the following disabilities or special needs? (check all that apply)  
 No  
 Serious emotional disturbance  
 A specific learning disability  
 Autism or pervasive development disorder  
 Speech impairment  
 Deafness or another hearing impairment  
 Another health impairment  
 No answer/prefer not to say

**CHILD #3**

Child's First Name:

Last Name:

Middle Name:

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's Gender: \_\_\_Female \_\_\_Male

**Child's Ethnicity:** (check all that apply)

- Alaskan Native/American Indian
- Asian (check all that apply):  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian
- Black/African-American
- Hispanic/Latino:  Mexican, Mexican-American, Chicano  Puerto Rican  Cuban  Central American  Other Hispanic/Latino
- White
- Pacific Islander:  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander
- Unknown
- Other \_\_\_\_\_

**Child's Information:**

- 1 How many parent/guardians live in the home with this child? 1 or 2
- 2. Does your child have any kind of health insurance now, such as through an HMO, private insurance, Medi-Cal or Healthy families?  
Yes\_\_ No\_\_
- 3. Has a doctor or other health professional ever told you your child was developmentally delayed? A developmental delays means he/she is somewhat slower physically/mentally than other children the same age Yes\_\_ No \_\_
- 4. Has a doctor/other health professional ever told you your child has any of the following disabilities or special needs? (check all that apply)  
 No  
 Serious emotional disturbance  
 A specific learning disability  
 Autism or pervasive development disorder  
 Speech impairment  
 Deafness or another hearing impairment  
 Another health impairment  
 No answer/prefer not to say