



Building Healthy Life Skills: REGISTRATION FORM

PLEASE NOTE:

Participants **must be** parents (or prenatal) or guardians of children 0-5 years old.
Participants **must be** willing to **participate in a Pre-and Post-Questionnaire administered by the University of Merced.**
Please **complete** all information on each participant, especially if living at different addresses.

Participant's Name (#1) _____ Date of Birth: _____

Participant's Name: (#2) _____ Date of Birth: _____

Participant's Name: (#3) _____ Date of Birth: _____

Participant's Address (#1) _____ City: _____

State: _____ Zip: _____ Phone: _____ circle [cell] – [land]

Participant's Address (#2) _____ City: _____

State: _____ Zip: _____ Phone: _____ circle [cell] – [land]

Participant's Address (#3) _____ City: _____

State: _____ Zip: _____ Phone: _____ circle [cell] – [land]

Children's Names: (List in order youngest to oldest)

1. _____ DOB: _____ 2. _____ DOB: _____

3. _____ DOB: _____ 4. _____ DOB: _____

Household Ethnicity: _____

Primary Language: _____

Referral Source: _____

Name: _____

Supervisor Name: _____

Phone #: _____

Phone #: _____

Email Address: _____

Email: _____

Additional Comments:

Please return this form to: **Phil Schmauss**, Program Coordinator, ACE Overcomers: Building Healthy Life Skills | PO Box 734 Merced, California 95341; phillipschmauss@gmail.com; phone: 209.658.9558 (**FORM MAY BE SCANNED AND EMAILED**)

ACE Overcomers: Building Healthy Life Skills Form/Updated 11-13-17

Support is provided by First 5 Merced County.

