



FRC Family Enrollment Form

Please Complete for all Household Members
(Family Profile)

Date Enrolled: _____

Date Exited: _____

Age at Enrollment: _____

Line 1 primary contact Line 2- 7 all additional family members living in home FIRST NAME	LAST NAME	Gender M/F	Relationship to Primary Contact	Birth of Date	School or Employer	Last Grade Completed
1						
2						
3						
4						
5						
6						
7.						

A. Primary language used at home: _____ Secondary language used: _____

B. Family Ethnicity: ___Asian/Pacific Islander ___American Indian/Alaska Native ___Hispanic ___African American ___White Other(specify)_____

C. Household Annual Income: ___Below \$20,000 ___\$20,001-\$30,000 ___\$30,001-\$40,000 ___\$40,001-\$50,000 ___\$50,001-\$60,000 ___Over \$60,000
___currently unemployed

D. Parent Medical Insurance: Yes ___ No ___ Child Medical Insurance: Yes ___ No ___

E. Routine Dental Check-up: Parent Yes ___ No ___ Child Yes ___ No ___ Do you have a regular dentist: Yes ___ No ___

F. Medical care source: Doctor/PA (private) ___ Community Health Center ___ Hospital emergency room ___ Hospital outpatient ___ Minute Clinic ___

G. Child Immunizations Up-to-Date Yes ___ No ___ Parent Immunizations Up-to-Date Yes ___ No ___

Address: Street: _____ Town: _____ Zip Code: _____

Phone: Day: _____ Evening: _____ Do you accept text messages: ___Yes ___No

Email Address: _____ Preferred Method of Communication: ___email ___call ___text