



Student Enrollment Information

Childs' full name: _____ Nickname (if applicable) _____

Date of Birth _____ Parent's names: _____

Street Address: _____

City/State/Zip: _____

Phone number: _____ (home) _____ (work)
_____ (cell) _____ (cell)

Personal Email Address _____

Employer (1) Name/Contact Info. _____

Employer (2) Name/Contact Info. _____

Emergency Contacts: (must be individuals other than parents)

(1) Name: _____ Relationship: _____

Address: _____

Phone: _____ (home) _____ (cell)

(2) Name: _____ Relationship: _____

Address: _____

Phone: _____ (home) _____ (cell)

By naming these people as your emergency contacts, you are authorizing us to share confidential health information with them and allowing us to release your child to them in the event of an emergency.

Child's Physician or On-Call Doctor: Name _____

Phone _____ Address: _____

Place x where appropriate: My Child...

1. _____ takes medication (for what-please explain) _____

Please list times typically given and dosage

2. _____ has dietary restrictions (please list _____)

3. _____ has allergies (please list _____)

4. _____ has a diagnosed learning or medical condition (please specify _____)

5. _____ has received services from early intervention or private interventionist for speech or some other developmental concern (Please specify concerns _____)

6. _____ Was born prematurely. If, so, how many weeks? _____

Requested Schedule:

Signature

Today's Date

Start Date

2-day per week program

9:00-12:30= \$431/month
9:00-3:00= \$694/month
Extended day=\$862/month



3-day per week program

9:00-12:30= \$518/month
9:00-3:00= \$781/month
Extended day=\$968/month

5-day per week program

9:00-12:30= \$868/month
9:00-3:00= \$1,156/month
Extended day=\$1,380/month



****It is the goal of Minding Miracles staff to provide our clients with options that best suit their family's needs. In the event that you require scheduling, programs, or other options that are not listed above, please contact our center manager to make arrangements. All programs are subject to availability.**

Please note:

- *Siblings receive 20% discount (must be in same household)*
- *Planned closings & holidays have been factored into tuition rates.*
- *Rates apply to all age groups.*

Tell us more about your child....

Child's full name:	
Nickname:	Date of birth:
Siblings names & ages:	
Names and relationships of others in the home:	

Likes/Dislikes

Favorite foods:
Favorite TV shows/movies:
Dislikes:
Favorite Activities:
Favorite Toys:
Favorite Songs:
Favorite Characters:

Personal Needs

Is your child toilet trained? Urine? Y/N Bowel? Y/N	Does your child need assistance in the bathroom?
Does your child need special assistance at mealtimes?	
Does your child have any specific fears?	
Do you have any specific physical/health concerns about your child? If so, Please explain.	
Does the child regularly take medication? If so, Please explain.	
Does your child have any sensory-related needs? If so, Please explain.	
How long does your child typically nap during the day?	

Language Skills

What is the dominant language used in the home?
Please describe your child's typical language use:
Do you have any specific concerns about your child's communication skills? If so, Please explain.

Social Skills

Does your child prefer to play with peers, adults, or alone?
On average, about how long can your child usually focus on an activity/task without redirection?
How does your child usually respond to new/different situations or people?

Please tell us anything else about your child that may help to aid in a smooth transition: (use back if necessary)



Medical Release Form

In case of a medical emergency, you, or a listed emergency contact will be notified immediately. However, in the event that you or your contacts are unable to be reached, and your child requires immediate medical attention, Minding Miracles staff will secure the care necessary. Please fill out the form below, giving permission to the staff of Minding Miracles to provide such care and make emergency medical decisions.

Minding Miracles' staff maintain first aid/CPR certification. In the event of a health crisis that requires immediate first aid, Minding Miracles staff will perform required first aid procedures within the scope of their training and abilities. By signing below, you agree to hold harmless Minding Miracles and any staff member who performs first aid or CPR on your child.

I (We) hereby agree that the personnel at the Minding Miracles Learning Center, are given permission to request or approve any medical attention needed by my (our) child(ren) _____, in the event of an emergency and I (we) cannot be contacted.

The Minding Miracles Learning Center, Inc. will not be held responsible or liable in any way as a result of seeking medical attention for our child in the event of an emergency.

I (We) further agree to assume full financial responsibility for any medical or health care given to our child while under the care of Minding Miracles Learning Center, Inc.

Date: _____

Signature of Parent/Guardian

Signature of Parent/Guardian

Please list any special instructions below (medications, medical conditions, allergies, etc.):



Child Release Policy

The staff at Minding Miracles Learning Center can only release children to parents, guardians or those authorized by the parents or guardians. We must have a sample signature on file for people authorized to pick up your child. People who may not normally pick up your child will be asked to show identification.

*In the event that a parent or authorized individual arrives at the center and appears to be impaired physically or under the influence of drugs/alcohol, the child will not be released into the care of such an individual. In case of such an event, one of the child's listed emergency contacts will be called and alternative arrangements will be made. In the event that the center is unable to make alternative arrangements, we are required to contact DCP&P or the local police to report the incident and seek assistance in caring for the child.

*Copies of any court orders pertaining to the custody of a child or restricting access to the child must be kept on file at Minding Miracles. Any changes to custodial agreements, court orders, or restraining orders must be filed at the center as well. We cannot restrict access of a custodial parent of a child without such documentation.

Child's name _____

Home Phone _____ Mobile/Pager Number _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Authorized person #1 signature		
Print name	Relationship	Phone

Authorized person #2 signature		
Print name	Relationship	Phone

Authorized person #3 signature		
Print name	Relationship	Phone

**For additional authorizations, please list on back. All listed individuals will be asked for photo ID the first time they pick your child up at the center.



Photo Release Policy

Occasionally, when putting together advertisements, updating our website, giving presentations, posting on social media, or hosting trainings, Minding Miracles has the opportunity to display photos of our students in their learning process. We are proud to have a visual display of our students at work. Please sign below to either allow or opt out of having your child's photo included. No names will ever be used without first securing further permission.

_____ - Yes! I give my permission to Minding Miracles Learning Center, Inc. to use photos of my child(ren).

_____ - Yes! I give my permission to Minding Miracles Learning Center, Inc. to use videos of my child(ren).

_____ - No, please do not use pictures or videos of my child(ren).

Child's Name

Parent Signature

Date



2026-2027 School Year Calendar

July 2026						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Dates highlighted in yellow: Center closes early; Wednesday, November 25, 2026 12:30pm closing.
 Dates in grey indicate planned center closings. Closings have been factored into tuition rates.

PARENT RECEIPT OF INFORMATION:

The following policies are included in the Parent Handbook and Minding Miracles' enrollment packet, please check each policy and sign indicating receipt.

- Information to Parents Document (issued by NJDCFS)
 - Policy on the Release of Children
 - Policy on Methods of Parental Notification
- Policy on Communicable Disease Management & Attendance
 - Expulsion Policy
 - Breast Feeding Policy
- Positive Guidance and Discipline Policy
- Financial and Registration Policies
- Policy on the Use of Technology and Social Media
 - Parent Resource Guide
 - Policy on Assessment

All policies can also be found on our student website: MMLCfamily.com

I have read and received a copy of the Minding Miracles Parent Handbook and the specific information/policies listed above.

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

Signature: _____ Date: _____

Minding Miracles' main tool for communicating with parents is the Brightwheel app. For each child in attendance, at least one parent or caregiver must be signed up to receive Brightwheel notifications. Daily activities, primary care logs, photos, billing and messages are all relayed through the app. Additionally, parents can message teaching staff and management through the app's messaging feature.

Some important functions of Brightwheel:

- Brightwheel will be used for all financial transactions. Parents can make a single payment through the app, schedule recurring payments, access receipts & tax documents and view their balance. Parents who choose to pay through paper checks or cash may do so.
- Daily activity information, pertinent information regarding primary care routines and pictures will be shared through the app.
- Documentation of vaccinations & medical records will be tracked within the app (fully secure & HIPAA compliant).
- Parent emails, alerts, inclement weather closings and reminders will all be distributed through the app.

Invitations for enrollment will be distributed via email upon enrollment. Please follow these easy steps:

1. Create a free Brightwheel account. When you receive an invitation via email or text, please create a free parent account using either the web or mobile app. Make sure to use the same email address or cell phone number that the invitation was sent to. An instructional video can be accessed here: [youtube.com/watch?v=FtmJyPsAGY](https://www.youtube.com/watch?v=FtmJyPsAGY)
2. Confirm your child's profile. You will see your child's profile after you create an account - you can confirm information such as birthday, allergies, and additional contacts. If you do not see your child's profile, please contact us with the email address or phone number you used to sign up. You will not see updates within Brightwheel until we start to use it regularly.
3. Set your account preferences. You can adjust your notification preferences within your profile settings on the app.
4. Add your payment information. Brightwheel offers secure, automated online payments that saves time for us and gives you advanced tools and reporting.

APPENDIX H

**UNIVERSAL
CHILD HEALTH RECORD**

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth ____ / ____ / ____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name _____		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp:		
Signature/Date _____					

Child's doctor must fill out ALL sections & sign. This form must be accompanied by the child's vaccination record.



Department of Children and Families
Office of Licensing

INFORMATION TO PARENTS

Under provisions of the ***Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)***, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint

investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.



PROTECTIVE FACTORS SURVEY



Dear Parents,
Minding Miracles is a part of the Grow NJ Kids rating initiative. As such, we are continuously assessing the types of programs and services that would be useful to our families. The attached survey is requested by Grow NJ Kids in order to help determine the levels and types of support our families would benefit from. The survey is not mandatory; However, we would very much appreciate your participation by filling out the survey and returning it to the center. Thank you.

Informed Consent

Purpose of Evaluation

Minding Miracles is conducting an evaluation to make sure that our program is meeting the needs of families in our community. It is a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to families and this is one way to keep us on track.

Your Participation

Part of the evaluation involves asking program participants to complete a survey about how our services are affecting them and their families. If you decide to participate, you will be asked to spend approximately 10-15 minutes answering questions about you and your family.

Your participation is voluntary. Your services will not be affected by your decision about participating or your responses on the survey.

Confidentiality

If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program. Your name will not appear on the survey. Once you have completed the survey, the information will be transferred to a database and the survey will be destroyed.

You may find some of the questions uncomfortable or embarrassing to answer. Your privacy will be protected. Your information will be combined with all other participants and will never be shared or identified individually. Your honest answers help us improve services for all families, including yours.

Questions?

If you have any questions or concerns about this evaluation, please email Beth at edemarco.mmlc@gmail.com.

We hope you will help us by participating in this evaluation. Your participation will allow us to offer and improve services for all families.

- I agree to participate in the evaluation by responding to the survey.
- I choose not to participate at this time.

Parent Name _____ Signature _____ Date _____

Staff Signature Elizabeth DeMarco Date 02/03/2023

These next few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving, and improve service provision. Remember, your responses to this survey are confidential.

1. Sex: A. Male B. Female C. Gender non-conforming/non-binary D. Prefer not to answer

2. Age (in years): _____

3. Primary Language Spoken at Home:

- A. English C. Creole E. Arabic G. Other: _____
 B. Spanish D. Mandarin F. Russian

4. Race/Ethnicity (Please choose as many as apply):

- A. Native American or Alaskan Native E. Hispanic or Latino I. Multi-racial
 B. Asian F. Middle Eastern J. Other: _____
 C. Black or African American G. Native Hawaiian/Pacific Islander
 D. African National/ Caribbean Islander H. White (Non-Hispanic/ European American)

5. Relationship Status:

- A. Married C. Single-never married E. Widowed
 B. Partnered D. Divorced F. Separated

6. Family Housing:

- A. Own C. Shared housing with relatives/friends E. Temporary (shelter, temporary with friends/relatives)
 B. Rent D. Homeless

7. Total Family Income:

- A. \$0 - \$10,000 D. \$30,001 - \$40,000 G. More than \$60,001
 B. \$10,001 - \$20,000 E. \$40,001 - \$50,000
 C. \$20,001 - \$30,000 F. \$50,001 - \$60,000

8. Highest Level of Education:

- A. No formal education E. High school diploma or GED I. 4-year college degree (Bachelor's)
 B. Elementary F. Trade/Vocational training J. Advanced degree
 C. Junior high school G. Some college
 D. Some high school H. 2-year college degree (Associate's)

9. Which, if any, of the following do you or your family currently receive? (Check all that apply)

- A. Supplemental Nutrition Assistance Program (SNAP/ foodstamps) E. Temporary Assistance for Needy Families (TANF) H. State Health Insurance (including children's health insurance)
 B. Social Security Disability Income (SSDI) F. Head Start/Early Head Start Services I. Supplemental Security Income (SSI)
 C. Medicaid G. Unemployment Benefits J. None of the above
 D. Earned Income Tax Credit (EITC) K. Other

Please tell us about the children living in your household.

10. CHILD #1 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

11. Date of Birth: _____

12. This child lives in my house: Yes No

13. What is your relationship to this child?

- A. Birth parent D. Foster parent G. Other relative
 B. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling

14. CHILD #2 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

15. Date of Birth: _____

16. This child lives in my house: Yes No

17. What is your relationship to this child?

- A. Birth parent D. Foster parent G. Other relative
 B. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling

18. CHILD #3 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

19. Date of Birth: _____

20. This child lives in my house: Yes No

21. What is your relationship to this child?

- C. Birth parent D. Foster parent G. Other relative
 D. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling

22. CHILD #4 A. Male B. Female C. Gender non-conforming/ non-binary D. Prefer not to answer

23. Date of Birth: _____

24. This child lives in my house: Yes No

25. What is your relationship to this child?

- A. Birth parent D. Foster parent G. Other relative
 B. Step-parent E. Grand/Great-grandparent H. Other
 C. Adoptive parent F. Sibling



Part I. Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please *circle* the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7



Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ **or** **DOB** __/__/__

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7