



Bright by Three

Enrollment Form

Complete one form per child

Parent/Caregiver First Name _____

Cell phone _____

Email _____

ZIP Code _____ Parent/Caregiver date of birth _____



I want to sign up for Bright by Text to receive free tips and games to support my child's development. I understand I will receive 3 to 5 SMS messages a week after I complete registration for the service.

Parent/Caregiver's Information:

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Relationship to child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other family <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Babysitter/Nanny	Languages spoken in the home (Check all that apply): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Relationship status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> In a relationship (not living with a partner)	Education <input type="checkbox"/> No HS <input type="checkbox"/> Some HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Post-College	Race/Ethnicity (Check all that apply) <input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
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Child's Information:

Date of birth/ Due Date _____ (MM/DD/YY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Race/Ethnicity (Check all that apply) <input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Child's health insurance <input type="checkbox"/> Private (through parent/caregiver) <input type="checkbox"/> Medicaid <input type="checkbox"/> CHP+ <input type="checkbox"/> None <input type="checkbox"/> Don't know	Beside parent/caregiver, child receives care at least 4 hours per week from (Check all that apply) <input type="checkbox"/> Family <input type="checkbox"/> Child Care Facility (Daycare/Preschool) <input type="checkbox"/> Friend/neighbor <input type="checkbox"/> None
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Bright by Three will not share your personal information with anyone. The purpose of our program is to support you in promoting your child's language and social emotional development before age three. Our goal is to help you improve your child's school readiness. Using the contact information you provide, we will share important messages related to your child's current developmental stage. Additionally, we may invite you to local events, share early childhood resources, and seek your feedback regarding the value of our materials to you and the children in your care.

TO BE FILLED OUT BY VISITOR/PARTNER ORGANIZATION

123099

Visitor: _____ Visitor Phone or Email: _____ vickie@casa17th.com _____

Organization: CASA (County Appointed Special Advocates) Adams & Broomfield Counties Enrollment date: _____

Kit Received:

English: A B C

Spanish: A B C

Total number of caregivers for this child who will use these Bright by Three materials: _____

Visit type: Home Office/Individual Group, location: _____

Please return completed Enrollment Form within one week to:
Fax: 303-302-1691 • 3605 Martin Luther King Blvd, Denver CO 80205
Email: forms@bb3.org • Phone: 303-433-6200 • BrightbyThree.org