



Help Me Grow

Alameda County

Enrollment Form

Complete the information below to enroll your child into Help Me Grow.

Mother's Name: _____

Father's Name: _____

Phone: _____ Other Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Would you like to receive your child's screenings by (circle one): Mail Email

Would you like to receive your child's screenings in (circle one): English Spanish Chinese

Prenatal Enrollment: My child is not born yet, but I want to sign up for Help Me Grow. Please tell us your expected due date: _____ *(Our team will contact you near this due date)*

Child Enrollment:

Child #1 Full Name: _____ Date of Birth: _____ Gender: _____

Was child #1 born early (please circle): Yes No If yes, how early? _____ weeks

Child #2 Full Name: _____ Date of Birth: _____ Gender: _____

Was child #2 born early (please circle): Yes No If yes, how early? _____ weeks

Child #3 Full Name: _____ Date of Birth: _____ Gender: _____

Was child #3 born early (please circle): Yes No If yes, how early? _____ weeks

Please enroll my family in Help Me Grow:

Signature: _____ Date: _____

*Your personal information will be used only for the purposes stated above, and you may be contacted in the future by Help Me Grow Alameda County to participate in a telephone survey to help us improve our services. Your personal information will not be shared with or sold to third parties.

PLEASE MAIL COMPLETED FORM TO:
Help Me Grow
1115 Atlantic Avenue
Alameda, CA 94501

