Family Enrollment Form

Pediatric-Juvenile Diabetes Education Program

Child (The following information is for the participating child)

First Name:	Last Name:
Child's Date of Birth:	Sex:
Race:	Special Education: ◯ Yes ◯ No
Is the child an immigrant: ◯ Yes ◯ No	Country of origin:
Is English his/her primary language? ◯ Yes ◯ No	Primary Language:

Is there a place that your child usually goes when he/she is sick or you need advice about his/her health? ◯ Yes ◯ No

If yes, and/or more than one place, what kind of place does your child go most often?

◯ Doctor's Office ◯ School

◯ Hospital Emergency Room ◯ Friends/relatives

◯ Hospital outpatient department ◯ Health Department

◯ Clinic or health center ◯ Other

◯ Retail store or minute clinic

Do you have a doctor or nurse that you think of as your child's personal doctor or nurse? ◯ Yes one person ◯ More than one person ◯ No

Parent/Primary Guardian (The following information is for parents and guardians):

First Name:	Last Name:
Address:	City, State, Zip:
Phone (home):	Phone (cell):
Guardian's Date of Birth:	Primary Language:
Race:	Are you an immigrant? ◯ Yes ◯ No
Are you a diabetic? ◯ Yes ◯ No ◯ unknown If yes, what age were you diagnosed?_____	If yes, what type? ◯ Type 1 ◯ Type 2: Using Insulin ◯ Other/Unsure
Current Diabetes treatment? ◯ insulin pump ◯ 1-2 injections per day ◯ 3 + injections per day ◯ not on insulin	If on insulin have you been insulin dependent for five years or more? ◯ Yes ◯ No
Do you know your A1C number? ◯ yes ◯ no	If yes, what is it?

Is your child a diabetic? ◯ Yes ◯ No ◯ unknown If yes, what age was your child diagnosed? _____	If yes, what type? ◯ Type 1 ◯ Type 2: Using Insulin ◯ Other/Unsure
Current Diabetes treatment? ◯ insulin pump ◯ 1-2 injections per day ◯ 3 + injections per day ◯ not on insulin	If on insulin have child been insulin dependent for five years or more? ◯ Yes ◯ No
Do you know your child's A1C number? ◯ yes ◯ no	If yes, what is it?
Do you or your child have any know food allergies? ◯ yes ◯ no ◯ unknown	If yes, please list: