Town of Windsor Parks & Recreation

Infant/Toddler Playgroup
Enrollment Form September '26 Cohort

Child Information

Child's First Name:_____ Last Name:_____Gender:☐M ☐F DOB:_____

Ethnicity:☐ American Indian/Alaka Native ☐ Asian ☐ Black/African American☐ Hispanic/Latino ☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander☐ White☐ Other/Self-Describe:_____

Program Selection
Select Only One Option

☐ **Infant/Caregiver Playgroup (ENG)**
Ages 8 wks – 1 yr
Fridays 11:00 AM – 12:30 PM
9/4/26 – 10/23/26

☐ **Toddler/Caregiver Playgroup (ENG)**
Ages 1 -2 yr
Fridays 9:00 AM – 10: 30 AM
9/4/26 – 10/23/26

☐ **Infant/Caregiver Playgroup (SPAN)**
Ages 8 wks-1 yrs
Fridays 1:00 PM – 2:30 PM
9/4/26 – 10/23/26

Participating Caregiver Information:

First Name:_____Last Name:_____ Gender:☐M ☐F DOB:_____

Primary Phone #:_____ Primary Language:_____

Ethnicity:☐ American Indian/Alaka Native ☐ Asian ☐ Black/African American☐ Hispanic/Latino ☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander☐ White☐ Other/Self-Describe:_____

Email: _____

Occupation/Title:_____

Address

Street:_____City:_____Zip Code:_____

Secondary Caregiver Information:

First Name:_____Last Name:_____ Gender:☐M ☐F DOB:_____

Primary Phone #:_____ Primary Language:_____

Ethnicity:☐ American Indian/Alaka Native ☐ Asian ☐ Black/African American☐ Hispanic/Latino ☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander☐ White☐ Other/Self-Describe:_____

Email: _____

Occupation/Title:_____

Address☐ Check box if same as Caregiver #1

Street:_____City:_____Zip Code:_____

Continue on next page →

What topcis are you hoping will be covered in the playgroup? (select all that apply)

☐ Infant/toddler nutrition ☐ Navigating neurodivergency ☐ Developmental milestones

☐ Strenthening caregiver/child relationships ☐ Locally available resources for caregivers

☐ Infant/toddler sleep ☐ Activiest at home for infant/toddlers that strengthen learning

☐ Speech/language development ☐ Music/arts/STEM for infants/toddlers ☐ Lactation/breastfeeding support

☐ Pre/postpartum depression ☐ Caregiver mental health ☐ Preschool selection

☐ Financial literacy for young families ☐ Caregiver identity loss ☐ Identifying accurate child development information

☐ Caregiver community building ☐ Family planning/allyship for immigrant families

How did you hear about this program?

☐ Through a friend

☐ Town of Windsor recreation guide

☐ First 5 Sonoma County advertising

☐ Through social media

☐ Physical advertising (banner, A frame)

☐ From Town of Windsor employee

Name:_____

Privacy Notice and Consent

This program is funded through a grant awarded by First 5 of Sonoma County, and the Town is required to collect certain participant information for program administration and grant reporting purposes. Throughout enrollment and participation in this program, the Town will collect demographic information, such as race, ethnicity, primary language, disability status, and developmental milestone information. The information will be used to administer the program and comply with grant reporting requirements. Information will be maintained by the Town and shared with First 5 only as required by the grant or otherwise authorized by law. By signing below, I acknowledge that I have read this notice and consent to the Town's collection and use of the information described for the above purposes.

_____ _____ _____

Caregiver Printed Name Signature Date