

# Is your child learning, thinking, moving, and growing at the right pace?

Find out through Developmental Milestones

## Registration Form

I would like to receive the screening questionnaires:

Electronically: go to [www.InfantToddler.Idaho.gov](http://www.InfantToddler.Idaho.gov) OR

Paper copy by mail (complete and return form below)

\_\_\_\_\_  
Parent(s) / Guardian(s) name: (please print on the line above)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email address

Primary language:  English  Spanish  Other \_\_\_\_\_

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Last

\_\_\_\_\_  
Child's date of birth

Male  Female

Race:  Caucasian  Hispanic or Latino  Asian  African American

Hawaiian or Pacific Islander  Native American

Middle Eastern  Other  Unknown

\_\_\_\_\_  
Child's physician

Was child born premature?  Yes. How many weeks? \_\_\_\_\_  No

How did you learn about Developmental Milestones?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
By signing below, you are agreeing to participate in the screening activity described within.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date