

ID # _____

Connecticut Humanities Council

Family Read Registration Form and Survey

Date: _____

Class sponsored by: _____

Family Read Group Leaders: _____

Please provide the following information about yourself:

Name _____

Address: _____
Number and Street

City

State

Zip Code

Home Phone: __ (____) _____

Work Phone: __ (____) _____

Cell Phone: ____ (____) _____

Email Address: _____

Please do not return this page to the Connecticut Humanities Council's offices.

Participants complete this form on Week 1.

Please provide the following information about you.

1. Gender (check one): Male Female

2. Age (check one): 16-18 19-24 25-44 45-59 60 or older

3. What is your race or ethnicity? Asian Black Hispanic White
 Native American/ Hawaiian/ Pacific Islander Other, what? _____

4. Employment status (check one): Employed full time Employed part time
 Disabled Unemployed Retired

5. Please circle the last grade you completed in school or graduate status:
1 2 3 4 5 6 7 8 9 10 11 12
High School Diploma or GED Some College College Graduate

6. What is the language that is spoken at home? _____

7. Please provide the following information about your children or the children you read to.

Age	Circle Gender	Relationship to you	Child have Library Card?
	Male Female		Yes No
	Male Female		Yes No
	Male Female		Yes No
	Male Female		Yes No
	Male Female		Yes No

8. Do you have a library card? Yes No