

Welcome to **CollegeBound Saint Paul**! This is the first step to saving for your baby's future! To be eligible, your baby must have been born on or after January 1st, 2020 and live in Saint Paul, MN.

This should not be filled out unless your baby has been born. If your baby has not been born yet, please fill out a pre-registration form, which can be found on [preregistration.collegeboundstp.com](http://preregistration.collegeboundstp.com).

The information you provide in this form will finalize your baby's enrollment in the **CollegeBound Saint Paul** program. Please complete a separate form for each eligible baby. After your baby is enrolled, you should hear from CollegeBound within a month or two. For help or questions please call **651-266-8829** or email [collegebound@ci.stpaul.mn.us](mailto:collegebound@ci.stpaul.mn.us).

**In What Language(s) Do You Prefer To Receive Information?** Please Check All That Apply.

<input type="checkbox"/> English	<input type="checkbox"/> Somali	<input type="checkbox"/> Amharic	<input type="checkbox"/> Chinese
<input type="checkbox"/> Spanish	<input type="checkbox"/> Oromo	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Swahili
<input type="checkbox"/> Hmong	<input type="checkbox"/> Karen	<input type="checkbox"/> Korean	<input type="checkbox"/> Other: _____

**Baby's Information:**

First Name:	Middle Name:	Last Name:
Birth Date (Month/Day/Year):     /     /		Sex (Please Check): <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/ethnicity:		
<input type="checkbox"/> White	<input type="checkbox"/> Two or More	<input type="checkbox"/> Black/ African American <input type="checkbox"/> Other: _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native

**Primary Parent/Guardian Information:**

First Name:	Middle Name:	Last Name:
Birth Date (Month/Day/Year):     /     /		Gender (Please Check): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Current address:	City:	State:     Zip Code:
Email:	Phone:	
Relationship to the Baby:		
<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle <input type="checkbox"/> Legal Guardian _____

**What counts as an address?** An address can be a person's home, a place they have a substantial connection with, or where they currently live.

**Why do we request contact information?** This will allow us to contact you with program information, bonuses for your child's account, and early childhood and financial capability resources for your child and your family.

## Secondary Parent/Guardian Information:

First Name:	Middle Name:	Last Name:		
Birth Date (Month/Day/Year):	/	/	Gender (Please Check):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Current address:	City:	State:	Zip Code:	
Email:	Phone:			
Relationship to the Baby:				
<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other:
<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Legal Guardian	_____

## How Did You Enroll Today? Please Check One.

<input type="checkbox"/> <b>I Enrolled Myself</b> Check this box if you filled out this form yourself, without assistance from an ambassador or staff member.
<input type="checkbox"/> <b>Did a CollegeBound Ambassador help you? If so, please write their name:</b> _____ A CollegeBound Ambassador is a member of the community who is employed by the program to assist in enrollment and outreach. They will make themselves known.
<input type="checkbox"/> <b>Did staff from an Enrollment Partner help you? If so, please write their name:</b> _____ Check this box if a staff member at an organization designated as an enrollment partner helped you to enroll. They will make themselves known.
<input type="checkbox"/> <b>Other, please write the organization name:</b> _____ If none of the options above match, please check this box and write the organization name.

## You can turn in this form through any of these three ways:

**Mail:** CollegeBound Saint Paul  
700 City Hall, 15 W Kellogg Blvd.  
Saint Paul, MN 55102

**Fax:** 651-266-8541

**Email:** collegebound@ci.stpaul.mn.us

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*Filling out this form is entirely voluntary. In this form, you are being asked to provide information about you that may be classified as private under the Minnesota Government Data Practices Act. If you are signing up for City notifications and newsletters, the telephone number and email that you provide will be used by City employees to send the notices, updates, and newsletters you request. Your information may be publicly released by the City under certain circumstances, including when required or allowed under state law or a court order.*

*This form also asks you for information about you that is "public data" under state law. Public data includes general messages that you send to the City through this form and may include any personal contact information you give as part of that message. Public data that is maintained by the City can be accessed by any person for any reason – it's part of our system of public transparency and accountability. For these reasons, you should only provide information about you that you feel comfortable sharing.*

We at the City of Saint Paul want to thank you for filling out the information in this form.  
As a community, we are committed to working to make sure all children and families in Saint Paul feel that their City cares about their future.

**CollegeBound Saint Paul is a first step in that promise.**

Questions?