1. Student Name

Last\_\_\_\_\_\_\_\_\_\_

First\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Age \_\_\_\_
2. Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Parent/Guardian Name

Last \_\_\_\_\_\_\_\_\_\_\_

First \_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you hear about this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is your child currently receiving preschool services or on a waiting list for preschool?

Name of center or location? \_\_\_\_\_\_\_\_\_\_\_\_

1. Last childcare or preschool attended?

Name of center or location? \_\_\_\_\_\_\_\_\_

1. Any areas of concern regarding your child? \_\_\_\_\_\_\_\_\_
2. Has your child ever been offered placement in Head Start or ECEAP Program?

Yes ­\_\_\_

No \_\_\_

1. Do you need an interpreter?

Language \_\_\_\_\_\_\_\_\_\_\_\_