**Child Information**

Name: DOB. Male/Female:

Mailing Address: City/Zip:

Physical Address: City/Zip:

Ethnicity/Race: Primary Language spoken in the home:

**Does your child have any health/behavioral or developmental needs?** [ ] Yes [ ] No

If yes, please explain below:

Health/behavioral/developmental needs are:

Health Providers:

List Agencies who provide services for your child:

Does your child currently have an IFSP or IEP with Child Development Services? [ ] Yes [ ] No

**Parent/Guardian Information**

 **Parent /Guardian 1**  First Name: M.I. Last Name: DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Home Phone: ( ) Cell Phone: ( )

Occupation/Employer: Work Phone: ( )
Email: Number/ages of children in the home:

 **Parent /Guardian 2**  First Name: M.I. Last Name: DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Home Phone: ( ) Cell Phone: ( )

Occupation/Employer: Work Phone: ( )

Email: Number/ages of children in the home:

**One person we may call to help reach you?**

Name: Relationship: Phone:

Do you have a funding source for child care? [ ] Yes [ ] No

Do you have or can you arrange transportation for your child to and from the center? [ ] Yes [ ] No

Please list any other additional agencies working with your family:

Is there anything else you would like us to know?

Which of the following meets your child’s needs?

* Head Start – Part day, September - June, ages 3- 5 years, 4 mornings per week, no fee
 ( ) Lewiston
 ( ) Auburn
* Head Start Combination Option – 2 mornings a week, ages 3 -5 years, one in-home visit a month, no fee
* Home Based – Weekly in-home visits, 6 weeks-5 years, no fee
 ( ) Androscoggin County
* Public Pre-K – Age 4 by October 15, 4 mornings a week ( ) Longley
 ( ) Montello
 ( ) Livermore
* Child Care – Full day, year-round, 6:30 AM – 5:30 PM, 5 days a week, 6 weeks – 5 years
 ( ) Lewiston
 ( ) Auburn

Signature Date:

Received by staff member/date received: