

Free Preschool Eligibility Determination (Child Intake Form)

Please complete ONE per CHILD

In what Early Childhood program is your child currently enrolled?

How did you hear about Early Child Education in your community?

Child's Name: _____ Date of Birth: _____

Care Giver(s): _____

Street Address: _____ City: _____

School District of Residence: _____

Phone #: _____ H C M W Alt. Phone #: _____ H C M W

Is there an IEP / IFSP currently in place for this child? Y N

What concerns do you have about your child's speech, language or development?

Annual Income: _____ # of Family in the Home: _____

Foster Child? Y N Homeless? Y N

SSI Disability? Y N Cash Assistance? Y N

Language? English Spanish Other: _____

Notes / Special Instructions:

Referred to (Circle one): Head Start GSRP Other Early Childhood Agency

Date: _____ Person taking info: _____

