**PROGRAM OPTIONS:** *❑* Home Based*❑* Family Child Care *❑* Center-Based

*❑ Danville ❑ Gambier ❑ Fredericktown ❑ Mount Vernon*

**CHILD INFORMATION**

School District of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender □ Male □ Female

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_

Help Me Grow/Early Intervention Services YES NO Part C Disability YES NO

Mother (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_\_

Father (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_\_/\_\_\_\_\_\_

Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Message/Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_

Number of Adults \_\_\_\_\_\_\_\_\_ Number of Children \_\_\_\_\_\_

Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_ Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_

Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_ Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_

Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_ Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_

Estimated Annual Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SSI  TANF/OWF  FOSTER CHILD  HOMELESS  EMPLOYMENT

**ADDITIONAL INFORMATION**

Dishabilles, Medical, Nutritional, or Other Problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT KNOX COUNTY HEAD START? (PLEASE CHECK ONE)**

❑ Phone Book ❑ Walk-In ❑Internet ❑ knoxlink.org ❑ Radio ❑ Friend ❑ Former Parent ❑ GRADS

❑ Former Student ❑ Referral (AGENCY & NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY CONTACT LOG

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| --- | --- |
| Date of contact | Comments |
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