



Tri-County Early Childhood Questionnaire
 Ages: Birth – Five
 Services in Berrien, Cass & Van Buren Counties



Parent/Caregiver _____ Parent/Caregiver _____
 Address _____ Address _____
 City / Zip _____ City / Zip _____
 Home Phone _____ Home Phone _____
 Work or Cell _____ Work or Cell _____

List all children in household: Full Name	Date of Birth	*	
_____	_____	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px;"> * Check box if child has applied with or received services from Head Start. (Currently or in the past) </div>
_____	_____	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	

Annual Family Gross Income: _____ Number in Family: _____

Parent(s) speak(s): English Spanish Other: _____

Has any child in the home participated in a preschool program or had home visits in the last year? **Y N**

If yes, program name: _____ location: _____

Some programs provide placement for children with special needs regardless of income. Do you feel any child in your home may have a disability, speech/hearing concern or have special needs? (optional) **Y N**

Please note any additional information we should know about your child or children:

Check all areas of interest: parenting resource information nutrition playgroups
 preschool birth – 3 yrs. programs child development vision/hearing screenings other: _____

I hereby release this information to be shared by Berrien RESA, Cass & Van Buren Intermediate School District Early Childhood Programs, Tri-County Head Start and/or State Funded School Readiness Programs.

Parent / Guardian Signature: _____ **Date:** _____

Publicly funded programs will not discriminate against any family because of race, color, national origin, sex, age or handicap except as prescribed by program guidelines. Tri-County Community Partners will review the information and contact you regarding program options.

STAFF USE ONLY

County: B C VB

Reviewed by: _____ Agency: _____ Date: _____

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Routed to: (circle) HS RESA/ISD GSRP Other: _____

Notes:

Mail: Tri County Head Start 775 Hazen St. Paw Paw, MI 49079	Fax: 269-657-6608
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09/09
