



- Town \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- Workplace Name \_\_\_\_\_
- Workplace Address \_\_\_\_\_
- Workplace Phone \_\_\_\_\_ May we call you there? \_\_\_\_\_
- Teen Parent - (please circle)                      Yes      No
- Relationship to Child: (please circle)              Parent              Guardian              Grandparent
- Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_
- Citizen Status? US Citizen \_\_\_\_\_ Legal Permanent Resident \_\_\_\_\_ Unknown \_\_\_\_\_
- 
- Highest Education Level (please circle)              Less than H.S. Diploma              High School Diploma/GED  
    Some College                                      Bachelor's Degree  
    Master's Degree                                      Doctoral or Advanced Degree

### **Child Information -1**

- Male/Female (please circle) Attend Preschool? \_\_\_\_\_ If Yes Where? \_\_\_\_\_
- Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_
- Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ AGE \_\_\_\_\_
- Address (if different) \_\_\_\_\_
- Town \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ Foster Child? (please circle) Yes/No    IEP?(please circle) Yes/No
- Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_
- Birth Certificate \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

### **Child Information -2**

- Male/Female (please circle) Attend Preschool? \_\_\_\_\_ If Yes – Where? \_\_\_\_\_
- Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_
- Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ AGE \_\_\_\_\_
- Address(if different) \_\_\_\_\_
- Town \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ Foster Child? (please circle) Yes/No    IEP? (please circle) Yes/No
- Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_
- Birth Certificate \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

### Child Information -3

- Male/Female (please circle one) Attend Preschool? \_\_\_\_\_ If Yes – Where? \_\_\_\_\_
- Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_
- Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ AGE \_\_\_\_\_
- Address (if different) \_\_\_\_\_
- Town \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ Foster Child? (please circle) Yes/No IEP? (please circle) Yes/No
- Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_
- Birth Certificate \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

### Child Information -4

- Male/Female (please circle one)
- Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_
- Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ AGE \_\_\_\_\_
- Address (if different) \_\_\_\_\_
- Town \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ Foster Child? (please circle) Yes/No IEP? (please circle) Yes/No
- Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_
- Birth Certificate \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Please check additional services and support you would be interested in if paid for with CPC funds:

- |                                |                              |
|--------------------------------|------------------------------|
| _____ Transportation           | _____ Literacy Development   |
| _____ Health/Dental Screening  | _____ Social Services        |
| _____ Information/Referrals    | _____ Mental Health Services |
| _____ Family/Education Support | _____ Transition/IEP Support |
| _____ Nutrition Services       |                              |

For additional information or assistance completing this form, please call 508-548-0151 ex. 128 or 173.

Return application to: Young Children First!

340 Teaticket Highway  
East Falmouth, MA 02536

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_