

Inquiry Form

Name of child _____ Birthdate/Due Date _____ M/F (please circle) _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Relationship to child _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ Employer/Occupation _____

Parent/Guardian _____ Relationship to child _____

Home address, if different _____

City _____ State _____ Zip _____

Home Phone _____ Cell phone _____ Work phone _____

E-mail _____ Employer/Occupation _____

Requested Program: (Choose One)

EARLY CHILDHOOD PROGRAMS

SCHOOL-AGE PROGRAMS

_____ School _____ Grade in Sept. _____

Childcare

Kindergarten

Main

Welsh

Farrell

Summer Camp

Optional: My child is receiving early intervention services or has an IEP: Yes _____ No _____

My family's home language is: _____

Signature: _____

Date: _____