

Inquiry Form

Name of Child _____ Birthdate/Due Date _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Employer/Occupation _____

Parent/Guardian _____ Relationship to Child _____

Home Address, If Different _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ 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: _____