

2017 – 2018 Cass County Early Childhood Education Intake Form

Please complete ONE per CHILD

In what Early Childhood program(s) have your child been enrolled? _____

How did you hear about Early Child Programming in your community? _____

Child Name: _____ Male Female Date of Birth: _____

Parent/Guardian Names: _____

Street Address: _____ City: _____

School District: _____

Phone #: _____ Alt.Phone #: _____

Email _____

Is there an IEP/IFSP currently in place for this child? Y N

What concerns do you have about your child's speech, language or development? _____

Gross Income: _____ Weekly Biweekly Monthly Yearly # of Family in the Home: _____
_____ Weekly Biweekly Monthly Yearly

Foster Child? Y N

Homeless? Y N

Receive SSI Disability? Y N

Active Military? Y N

Language: English Spanish Other: _____

Non Active Military? Y N

Live out of Cass County? Y N

Notes / Special Instructions:

Referred to: Head Start GSRP Other Early Childhood Agency

Date: _____ Person taking info: _____

