



**COORDINATED PRESCHOOL INTAKE FORM – PRESCHOOL PROMISE AND HEAD START**

Is your child currently attending a preschool or child-care program?  Yes  No  
 If yes, where and how many hours/week? \_\_\_\_\_  
 Has your child ever attended preschool or other early childhood program (check those that apply):  
 Preschool at Elementary School  Head Start  Other: \_\_\_\_\_  
 If enrolled in preschool, would your child need district transportation to school:  Yes  No If YES, from where: \_\_\_\_\_  
 If enrolled in preschool, would your child need district transportation from school:  Yes  No If YES, to where: \_\_\_\_\_  
 Does your child receive any of the following services?  Occupational Therapy  Physical Therapy  Counseling  Home Visiting  Speech  
 Other: \_\_\_\_\_  
 Does your family have an IFSP (Individual Family Service Plan) to support your child's development?  Yes  No

**Child**

Child Name: \_\_\_\_\_

- |                                       |  |   |   |
|---------------------------------------|--|---|---|
| <b>Asian</b>                          | <b>American Indian or Alaska Native</b>  | <b>African/African American</b>                                     | <b>Pacific Islander</b>                         |
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> American Indian   | <input type="checkbox"/> African American                           | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> African                                    | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Korean       | <input type="checkbox"/> Canadian Inuit, Metis, or First Nation                  | <input type="checkbox"/> Caribbean                                  | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Laotian      | <input type="checkbox"/> Indigenous Mexican, Central American, or South American | <input type="checkbox"/> Other Black                                | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino     |  |   |   |
| <input type="checkbox"/> Japanese     | <b>Hispanic or Latino</b>  | <input type="checkbox"/> White                                      |   |
| <input type="checkbox"/> South Asian  | <input type="checkbox"/> Hispanic or Latino Mexican                              | <input type="checkbox"/> Middle Eastern                             |   |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hispanic or Latino Central American                     | <input type="checkbox"/> North African                              |   |
| <input type="checkbox"/> Other Asian  | <input type="checkbox"/> Hispanic or Latino South American                       | <input type="checkbox"/> Slavic Race (from the former Soviet Union) |   |
|                                       | <input type="checkbox"/> Other Hispanic or Latino                                | <input type="checkbox"/> Declined to answer                         |   |

**Contact Information**

How do you prefer to be contacted?  Home Phone  Cell Phone  Text  Email  Standard Mail

**Parent or Guardian 1**

Parent/Guardian Name: \_\_\_\_\_

- |                                       |  |   |   |
|---------------------------------------|--|---|---|
| <b>Asian</b>                          | <b>American Indian or Alaska Native</b>  | <b>African/African American</b>                                     | <b>Pacific Islander</b>                         |
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> American Indian   | <input type="checkbox"/> African American                           | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> African                                    | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Korean       | <input type="checkbox"/> Canadian Inuit, Metis, or First Nation                  | <input type="checkbox"/> Caribbean                                  | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Laotian      | <input type="checkbox"/> Indigenous Mexican, Central American, or South American | <input type="checkbox"/> Other Black                                | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino     |  |   |   |
| <input type="checkbox"/> Japanese     | <b>Hispanic or Latino</b>  | <input type="checkbox"/> White                                      |   |
| <input type="checkbox"/> South Asian  | <input type="checkbox"/> Hispanic or Latino Mexican                              | <input type="checkbox"/> Middle Eastern                             |   |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hispanic or Latino Central American                     | <input type="checkbox"/> North African                              |   |
| <input type="checkbox"/> Other Asian  | <input type="checkbox"/> Hispanic or Latino South American                       | <input type="checkbox"/> Slavic Race (from the former Soviet Union) |   |
|                                       | <input type="checkbox"/> Other Hispanic or Latino                                | <input type="checkbox"/> Declined to answer                         |   |

**In what language do you prefer to receive materials? (Please note not all Preschool Promise materials are available in all languages)**

Written Communication?  English  Spanish  Russian  Vietnamese  Chinese Other: \_\_\_\_\_

Other Verbal Communication?  English  Spanish  Russian  Vietnamese  Chinese Other: \_\_\_\_\_

How do you prefer to be contacted?  Home Phone  Cell Phone  Text  Email  Standard Mail

**Contact Information**

How do you prefer to be contacted?  Home Phone  Cell Phone  Text  Email  Standard Mail

**Parent or Guardian 2**

Parent/Guardian Name: \_\_\_\_\_

- |                                       |  |   |   |
|---------------------------------------|--|---|---|
| <b>Asian</b>                          | <b>American Indian or Alaska Native</b>  | <b>African/African American</b>                                     | <b>Pacific Islander</b>                         |
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> American Indian   | <input type="checkbox"/> African American                           | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> African                                    | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Korean       | <input type="checkbox"/> Canadian Inuit, Metis, or First Nation                  | <input type="checkbox"/> Caribbean                                  | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Laotian      | <input type="checkbox"/> Indigenous Mexican, Central American, or South American | <input type="checkbox"/> Other Black                                | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino     |  |   |   |
| <input type="checkbox"/> Japanese     | <b>Hispanic or Latino</b>  | <input type="checkbox"/> White                                      |   |
| <input type="checkbox"/> South Asian  | <input type="checkbox"/> Hispanic or Latino Mexican                              | <input type="checkbox"/> Middle Eastern                             |   |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hispanic or Latino Central American                     | <input type="checkbox"/> North African                              |   |
| <input type="checkbox"/> Other Asian  | <input type="checkbox"/> Hispanic or Latino South American                       | <input type="checkbox"/> Slavic Race (from the former Soviet Union) |   |
|                                       | <input type="checkbox"/> Other Hispanic or Latino                                | <input type="checkbox"/> Declined to answer                         |   |

**In what language do you prefer to receive materials? (Please note not all Preschool Promise materials are available in all languages)**

Written Communication?       English     Spanish     Russian     Vietnamese     Chinese    Other: \_\_\_\_\_

Other Verbal Communication?       English     Spanish     Russian     Vietnamese     Chinese    Other: \_\_\_\_\_

**Contact Information**

How do you prefer to be contacted?  Home Phone     Cell Phone     Text     Email     Standard Mail

**Return to one of the following:**  
 Astoria School District Office,  
 1<sup>st</sup> Floor Astoria. 503-325-6441  
 Astoria Head Start,  
 1st Floor, 503-325-5421  
 785 Alameda Ave Astoria, OR 97103