



PRESCHOOL INTAKE FORM – PRESCHOOL PROMISE AND HEAD START

Child's Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Male Female

Child's Language

What is your child's Primary Language English Spanish Russian Vietnamese Chinese Other: _____

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

AUTHORIZATION FOR EXCHANGE OF INFORMATION

This release authorizes a mutual exchange of information between agencies in order to give the most complete and thorough services available. It does not authorize the release to any other person or agency except those agencies listed below. Unless revoked in writing, this release and exchange of information shall remain in effect for a period of 12 months.

Please initial indicating consent for the following information to be exchanged between the Astoria School District, Northwest Regional Educational Service District, Head Start and/or additional providers _____ to help us better serve your child through coordinated service planning and delivery.

- ___ Intake form
___ Official student academic/administrative records
___ Educational Multidisciplinary team evaluations and related reports
___ Individualized Family Service Plan/Section 504 Plan

___ Discussion/Consultation between members of listed agencies around care coordination

___ Other: _____

PARENT/GUARDIAN SIGNATURE

By signing this application, I swear that I have given true and complete information and that the Oregon Department of Education, Early Learning Division and Head Start may verify the information on this application. I understand that making false statements or hiding information may subject me to state and federal penalties. I understand that state funds help pay for Preschool Promise and that child care may end if funds are no longer available.

I understand that Information in this application and classroom data will be shared with the Preschool Promise Program, their Enrollment Committees, Providers and/or Staff, the Early Learning Division of the Oregon Department of Education, Head Start and used only for research purposes and in ways that will not reveal who you are. Federal or state laws may require us to show information to government officials (or sponsors) who are responsible for monitoring the program. However, an assigned number will be used to designate your family and child information that does not personally identify you. You will not be identified in any publication from this program or in any data files shared with other researchers.

This confidential eligibility application form is not a guarantee of admission into the Preschool Promise Program or Head Start.

Parent/Guardian Signature and Date Required

Signature

Print Name

Date