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**Early Head Start/ Head Start Inquiry Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_**Interested in full day 9:00-3:00**

\_\_\_\_ **Interested in extended day 7:30-5:30 (fee is charged)**

**Number in Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yearly Gross Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your family is receiving any services and/or working with any other agency.**

 **Yes\_\_\_ No\_\_\_**

**If yes, please provide name of agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* ***This form does not place your child on our waiting list.***
* ***Due to limited space in our Early Head Start Program you may not get a call until your child is age eligible for our Head Start Program.***
* ***If your income is above the Poverty Guidelines we will forward this inquiry to CLC Palmers Hill or CLC William Pitt.***

**Email Form to** **marshaguthrie@clcstamford.org**

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**Early Head Start/ Head Start Inquiry Form**

**Feche:** \_\_\_\_\_\_\_\_\_\_\_\_

**Nombre del niño:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fecha de nacimiento:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre del padre o tutor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dirección:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Numero de teléfono:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_**interesado en todo el dia 9:00-3:00**

\_\_\_\_ **interesado en horario extendido 7:30-5:30 (Se cobra una cuota)**

**Numero en familia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ingreso bruto anual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Esta su familia recibiendo y servicios de cualquier otra agencia?**

 **Sí\_\_\_ No\_\_\_**

**En caso afirmativa, proporcione el nombre de la agencia o servicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Este formulario no coloca a su hijo en nuestra lista de espera.**
* **Debido al espacio limitado en nuestro Programa Early Head Start, es posible que no reciba una llamada hasta que su hijo sea elegible para nuestro Programa Head Start.**
	+ **Si su ingreso está por encima de las Pautas de pobreza, enviaremos esta consulta a CLC Palmers Hill o CLC William Pitt.**

**Email Form to** **marshaguthrie@clcstamford.org**