

Wayne County Early Childhood Program Contact/Referral Form



Child's Name: _____ Parent/Guardian Name: _____

Parent gives consent to share information with other appropriate early childhood agencies.

Initial
Birth Date: _____ Phone Number: (____) _____

Address: _____ Alternative Number: (____) _____

City & Zip: _____ Email: _____

School District child resides: _____ Number of People in household: _____

Household income: _____ Weekly Bi-weekly Monthly Annually

Source of income: _____ Are you receiving childcare subsidy? _____

Are you in a homeless situation? _____ Is this child in the foster care system? _____

Ethnicity: American Indian/Alaska Native African American Asian American
 Native Hawaiian/Pacific Islander White Hispanic/Latino

Primary Language: _____ Secondary Language: _____

Special needs / Special circumstances: _____

How did you hear about Wayne County's Early Childhood Programs? _____

Referral To: Wayne Co. Head Start Detroit Head Start Renaissance Head Start

Early On Early Head Start _____

Great Start Readiness Program (GSRP) _____

Other _____

Completed by: _____ Program: _____

Application Status

Program Name:	
Waiting List Date:	
Enrolled Date:	
Notes:	