



**Wayne County Early Childhood Program  
Intake**

Child's name: \_\_\_\_\_ Parent/Guardian name \_\_\_\_\_

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

Date of birth \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

City & Zip \_\_\_\_\_ Email \_\_\_\_\_

School District child resides \_\_\_\_\_ Number of people in household \_\_\_\_\_

Household Income \_\_\_\_\_ Weekly / Bi-weekly / Monthly / Annually

Source of Income \_\_\_\_\_ Are you in a homeless situation? \_\_\_\_\_

Is this child in a foster care system? \_\_\_\_\_ Are you receiving childcare subsidy? \_\_\_\_\_

Ethnicity: American Indian/Alaska Native \_\_\_\_\_ African American \_\_\_\_\_ Asian American \_\_\_\_\_

Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_

Special needs/Special circumstances: \_\_\_\_\_

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

Head Start Eligible **YES** **NO** Referred to Sonya Adams-Wayne Resa

Program Name: \_\_\_\_\_ Waiting List Date \_\_\_\_\_

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_

Program: \_\_\_\_\_