

Total Gross Annual Household Income from all sources: \$ _____

Child primarily lives with _____ both parents _____parent 1 _____parent 2 _____other: _____

Total number of individuals living in the household: _____

List all individuals living in household:

Name	Age/Birthdate	Relationship to Child	School/ Grade

Has your child attended: ___ Preschool ___ Childcare ___ Home-care

Name of school or childcare setting/provider	Dates

Child's primary language? _____ Other Languages spoken in Home: _____

Has your child received Birth to 3 services? _____yes _____no

If yes, services provided: _____speech/language _____occupational therapy _____physical therapy

Does your child currently receive special education services? _____yes _____no

If yes, services provided: _____speech/language _____occupational therapy _____physical therapy

Is there any other information that you would like to share with us (use another page if needed)?

OFFICE USE ONLY:
_____ % SMI
_____ weekly tuition