



TILLAMOOK COUNTY COORDINATED PRESCHOOL INTAKE

Child's Name _____

Child's Date of Birth _____

Parent/Guardian's Name _____

Family Intake Questions

Do you read to your child? If so, how often? _____

Please describe your child's regular bedtime routine including the average number of hours of sleep they get nightly: _____

Do you have any concerns about your child's education? ___Yes ___No
If yes, please explain: _____

Has your child attended a preschool or other early childhood program ___ Yes ___ No
If so, where? ___Head Start ___ Tillamook Early Learning Center ___ NWRES D
___ Little Clipper ___ OTHER: _____

Have you applied to have your child enrolled in any other programs? ___Yes ___No
If so, where? ___Head Start ___ Tillamook Early Learning Center ___ NWRES D
___ Little Clipper ___ OTHER: _____

Does your child receive services from other programs (Speech, OT, PT, Counseling)?

If yes, please describe: _____

Who does the child live with?

___ Both parents ___ Mother ___ Father ___ Grandparent ___ Guardian ___ Foster

What is the highest level of education completed by Parent/Guardian 1?

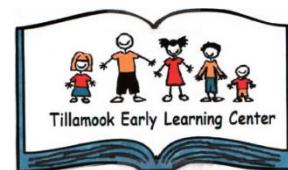
___ Less than high school ___ high school ___ some college ___ 2 year college ___ 4 year college ___ more

What is the highest level of education completed by Parent/Guardian 2?

___ Less than high school ___ high school ___ some college ___ 2 year college ___ 4 year college ___ more

In what language do you prefer to receive:

- Written communication? ___ English ___ Spanish ___ Other: _____
- Verbal communication? ___ English ___ Spanish ___ Other: _____



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Family Intake Questions (continued)

What is your race or ethnicity (You may choose more than one)

American Indian or Alaskan
Indian

- American Indian
- Alaskan Native
- Canadian, Inuit,
Metis or First
Nation
- Indigenous
Mexican, Central
American or South
American

Hispanic or Latino

- Hispanic or Latino
- Hispanic or Latino
Mexican
- Hispanic or Latino
Central American
- Hispanic or Latino
South American
- Other Hispanic or
Latino

African/African American

- African American
- African
- Caribbean
- Other Black

Pacific Islander

- Native Hawaiian
- Guamanian or
Chamorro
- Samoan
- Other Pacific
Islander

Asian

- Chinese
- Vietnamese
- Korean
- Laotian
- Phillipino/a
- Japanese
- South Asian
- Asian Indian
- Other Asian

- White
- Slavic (from the
former Soviet Union)
- Middle Eastern
- North African
- Unknown (if self or
family not present)
- Decline to answer

Are there any other forms of identity such as country or origin, race, ancestry, ethnicity and/or Tribal affiliation you would like to share? _____

NW ELC Hub and Oregon's Early Learning Division Goals

The early childhood system is aligned, coordinated, and family-centered.

Children are supported to enter school ready to succeed.

Families are healthy, stable and attached.

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Family Program Preferences

Do you have a preference in your child's class length?
 3-4 hours 4-5 hours 5 hours or greater

Will your child need additional care before or after preschool? Yes No

Some programs may have transportation available. Would you use transportation if it is available?
If yes, Before School After School

Is your child potty trained? Yes No

Do you have a preferred classroom setting?
 TSD9 Jumpstart TELC – Wilson River Site TELC - Miller Ave Site

NOTE: Preference selection does NOT guarantee enrollment in that program.

Income Eligibility

Are you currently living with another family or family member due to housing expenses? Yes No

Are you living in temporary housing, motel or shelter? Yes No

Families whose annual income is 200% or less of the Federal Poverty Level may be able to enroll their children in public preschool for free. Using the chart below, please help us with this determination.

Family income is: <100% FPL 101-200% FPL > 200% FPL

# of people in the household	Annual income range <100% Fed Poverty	Annual Income range 101-200% Fed Poverty	Annual Income range >200% Fed Poverty
2	\$16,020	\$16,021-32,039	\$32,040
3	\$20,160	\$20,161-40,319	\$40,320
4	\$24,300	\$24,301-48,599	\$48,600
5	\$28,440	\$28,441-56,879	\$56,880
6	\$32,580	\$32,581-65,159	\$65,160

Income eligibility will be verified by the program that your child is enrolled with.

Do you need assistance accessing information or support for your family? Yes No
If yes, what kind of information/support do you need?

Child Care Housing Food Counseling Special Education Behavioral Health
 Health Transportation

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The purpose of this authorization form is to enable agencies identified as members of the Preschool Promise Partnership and NW ELC Hub to better serve your child through coordinated service planning and delivery. Representatives of these agencies will meet and share information regarding your child at scheduled clinics, planning and team meetings. The Preschool Promise Partnership may include the following agencies:

NW ELC Hub Tillamook School District Tillamook Early Learning Center Northwest Regional Education Service District Head Start	Additional Providers: • _____ • _____ • _____ • _____
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Please initial next to checked boxes indicating consent for the information to be exchanged:

- _____ **This Intake Form**
- _____ **Official student academic/administrative records**
- _____ **Educational Multidisciplinary team evaluations and related reports**
- _____ **Individualized Family Service Plan (IFSP)/Individualized Education Program (IEP)/Section 504 Plan**
- _____ **Reports from any agency listed above**
- _____ **Discussion/Consultation between members of above agencies around care coordination**
- _____ **Other(specify) _____**

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 above. Unless revoked in writing, this release and exchange of information shall remain in force for a period of 12 months.

Initials Signature of Parent, Legal Guardian _____
Date

Initials Signature of Parent, Legal Guardian _____
Date