



## Early LIFE Program Application

Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Family Size: \_\_\_\_\_

### Employment:

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

### School/ Training:

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Medical Concerns: Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed or suspected of having a disability? Yes: \_\_\_ No: \_\_\_

\_\_\_\_\_

How did you hear about our program?

\_\_\_\_\_