



Caldwell Preschool Program Partnership

Consent to Share Information Form

Print form, fill out and scan to sgarcia@caldwellschools.org or return to Caldwell District office, 1502 Fillmore Street, Caldwell Idaho 83605; 208 455-3300

I _____ hereby give consent for the following information to be shared with the Caldwell Preschool Program partnership organizations.

- Caldwell School District: Developmental Preschool and Migrant Program
- Treasure Valley Family YMCA
- WICAP Headstart
- United Way of Treasure Valley

I understand that by sharing my contact information I will be contacted regarding preschool opportunities for my child. Children must be between the ages of 3 and 5 years old.

Parents Name: _____

List Only Children 3 to 5 years old.

Child #1 Name: _____ Child #1 Date of Birth: _____

Child #2 Name: _____ Child #2 Date of Birth: _____

Address: _____

City: _____ State: Idaho Zip: _____

Phone #: _____ Alternate Phone #: _____

Email: _____

Signature _____

Please answer the following questions to help us assist in finding the best fit within our programs for your family.

1. Has your family had to make a move in the last three years for employment?

Yes

No

2. Have you or any member of your family worked in agriculture in the last three years? **Yes** **No**

3. Does your child receive any outside services? (Examples: Speech, Language, Occupational Therapy, Etc...) **Yes** **No**

If yes, what services and where? _____

4. Has your child participated in the Infant Toddler Program? **Yes** **No**

5. Do you have any concerns about your child's development? _____

If yes, what concerns? _____

6. Are you currently homeless or living with someone due to economic hardship? **Yes** **No**

7. Does your child have any serious health issues such as eczema, food allergies, use hearing aids, or wears glasses? **Yes** **No**

If yes please explain _____

8. Is your child potty trained? **Yes** **No**

9. Does your child attend day care, childcare or is cared for by someone other than you so you can work? **Yes** **No**

If yes, where? _____

10. How many people are in your household?

11. Is your annual household income below \$25,100? **Yes** **No**

12. Is there anything else you would like us to know about your child or family?

Administration Use Below:

Original Contact Agency:

☐ CSD ☐ Migrant Program ☐ YMCA ☐ Headstart ☐ Early Learning Round Up

Original Contact Person: _____

Comments: _____