



Learning Link Program



Parent/Guardian Information

Primary Caretaker's Name: _____

Secondary Caretaker's Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____ Zip Code: _____

Primary Language

English Spanish Other (please specify) _____

Resources you would like more information about:

- Adult Education
- Counseling/Mental Health/Emotions
- Family Planning/Pregnancy
- English Language Programs
- Youth/Recreation/Activities
- Other (please specify): _____
- Child Abuse Prevention/Treatment
- Dental Care (free/low cost)
- Health Care/Medical
- Parenting Resources
- Child Education
- Substance Abuse
- Libraries
- Self Help/Support Groups

Release of Child Information

- Yes No Child's Name/Work on Website or District Publication
- Yes No Child's Photo on Website or District Publication
- Yes No Newspaper/Television/Media

Child Information

Name	M/F	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of child care and/or preschool your child attends _____

Has your child ever been seen for special needs and/or concerns (i.e. speech, OT, PT, etc.)? Yes No

How did you hear about the Learning Link? friend email website school communication other

Parent/Guardian Signature

Date