

Program Interest Form



South Coast
Early Learning

(458) 710-0902
screlhub.org

Parent/Guardian Name

Parent/Guardian Name

Email Address

Phone

Relation to Child Parent (bio/adopted) Foster Other _____

Address

City

Zip Code

How do you prefer to be contacted? Phone Email

Primary language at home? _____

Child Name

Date of Birth

Anything you would like share about your child, family, or needs? (optional)

Which services are you interested in? Please check all that apply.

Child Care (0-12) Preschool (3-5) Family Support I don't know

By signing this form, I understand and agree that the information on this form may be shared with entities and individuals involved in Baby Promise, Preschool Promise, and Head Start Programs, including preschool providers, Enrollment Committees, Early Learning Hubs, Education Service Districts, Child Care Resource and Referral, and the Oregon Department of Education and its Early Learning Division.

Signature

Date