



**COUNTY COUNCILS FOR YOUNG CHILDREN**

**COMMUNITY ORGANIZATION ENROLLMENT FORM**

**Name of Agency**

**Agency Representative:**

**Title:**

Male  Female

**Indicate the highest level of education** \_\_\_\_\_

**Representative's Email:**

**Telephone:**

**Agency:**

**Agency Address:**

**What type of services does your agency provide to the community? (Check all that apply)**

- education services  counseling  home visitation  medical health services  mental health  
 child care  early head start/head start  child care resource & referral services  social services  
 faith-based  child welfare  transportation  community resource center/ family success center  
 emergency food/housing  casemanagement  parent education  parent advocacy  library  
 arts & recreation  before and after school program  family child care provider  
 early intervention services  family support  translation services    
 other (Please specify) \_\_\_\_\_

**How did you hear about the County Council for Young Children (CCYC)?**

**Who are the consumers of your services? (Check all that apply)**

- infants  toddlers  young children  parenting teens  pregnant women  mothers  fathers  
 grandparents/relative caregivers  adoptive parents  resource/foster parents  elderly  
 hearing impaired  blind  physically challenged  gay, lesbian, transgender

**Does your agency work directly with parents/caregivers/families of children? Check all that applies**

- Pregnancy  Birth to 3  3 to 5  5 to 8

**When would be the best time to schedule meetings?**  mornings  evenings  weekends



**Will the agency representative commit to bringing at least one parent/caregiver to the CCYC?**

Yes  No

**Would you need special accommodations to attend meeting?**  hearing impaired  visually impaired  
 other physical challenges - please specify \_\_\_\_\_

**Would you need translation services to support your participation in the Council?**  Yes  No

**Please tell us how you identify your Race, Ethnicity and/or Nation of Origin (Check all that apply):**

- Black/African-American  White  Asian  Native American  Multiracial  
 Hispanic  African  Carribean  Central American  South American  European  
 Middle Eastern  East Asian  Multi-ethnic  Other

Country of Origin \_\_\_\_\_

**What is your highest level of education?** \_\_\_\_\_

**Please provide the following information:**

**Name of your program supervisor/manager:**

**Telephone number:**

**Email:**

**Name of your agency's Executive Director:**

**Telephone number:**

**Email:**

**Help us to understand more about your interest in the County Council for Young Children. Below is a preliminary list and description of Council activities and workgroup opportunities. Let us know if you are interested in helping to address any of the following priorities (check all that apply):**

- At this time, I am only interested in attending the General Council Meetings**
- Steering Committee:** This group meets regularly in between general meetings to decide on the priorities of the organization and manages the general course of its operations.
- Art and Recreation:** This group examines opportunities in the community for children and families to have access to art, dance, music and sport activities that are affordable.
- Community Resources:** This group helps to identify available resources and services in the community to identify locations, access, and gaps in services; and helps to recommend improvement, as needed.
- Gaps might include transportation, language and cultural barriers, etc.
- Education:** This group discusses issues and concerns regarding:
- Quality early care and education programs which may include—Child Care Centers, Family Child Care, Early Head Start/Head Start, Preschool, and Elementary School
  - Transitions for children and their families within early care and education settings—for example, from child care to preschool or from Early Head Start/Head Start/Preschool to Kindergarten.
  - Children with special educational needs



- Educational needs of parents and caregivers, for example GED programs, vocational training, English as a Second Language (ESL) classes, Community College or other education opportunities
- Health:** This group provides input on health related issues and services in the community that impact:
- Healthy pregnancy / birth; infant/child health and development, including dental care
  - Children with special health care needs
  - Parent/caregiver health – access to health insurance, routine medical care, dental care. And access to related health services when needed—such as, smoking cessation, mental health, substance abuse treatment, and more.
- Other - please identify other interests:** \_\_\_\_\_
- \_\_\_\_\_

**What skills or expertise would you bring to the CCYC?**

\_\_\_\_\_

\_\_\_\_\_

**Would you be interested of having a coach or mentor to support your participation on the County Councils for Young Children?**  Yes  No

*Thank you again for completing the County Council enrollment form. The information that you provide will help us to create an environment that promotes the active involvement of all participants; and ensures that your concerns are heard, supported and acted upon.*