



COUNTY COUNCILS FOR YOUNG CHILDREN

PARENT/CAREGIVER OR COMMUNITY RESIDENT ENROLLMENT FORM

Thank you for completing this enrollment form. We want to be sure that the County Council represents all parents, families and other caregivers in our community. Your answers to the following questions will help us to keep you informed of our activities. It will also help us to be more responsive to the individual, cultural and service needs in our community. Questions are optional and do not affect your participation.

Name: _____ **Male:** **Female:**

Address: _____ **Age:** under age 18

Email: _____ 18-24

Telephone: _____ 25-34

35-44

45-59

60 and over

If this is a cell phone, would you like to receive text messages regarding County Council activities and events? Yes No

How did you hear about the County Council for Young Children? _____

Would you need child care in order to attend meetings? Yes No

Do you have transportation to attend County Council meetings? Yes No

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

What is the primary language(s) spoken in the home: English Spanish

Please specify if other language: _____

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 Caribbean Central American South American European
- Middle Eastern East Asian Multi-ethnic Other

Country of Origin _____

What is your highest level of education? _____

Are you: Employed Self-employed Homemaker Student Retired Unemployed

Marital status: Single Partnered Married Separated Divorced Widowed

Do you have young children at home in any of these age categories? Check all that apply:

- Prenatal Under Age 3 Ages 3-4 Ages 5-8 Over Age 8

What is your relationship to the child(ren) in your family? Check all that apply: Biological Parent

Step Parent Adoptive Parent Grandparent Foster or Resource Parent

Kinship Legal Guardian Sibling Cousin Aunt/Uncle Family Friend Other

Are you or a member of your household is presently serving in the military? Yes No

If so, is that member currently deployed? Yes No

Which military branch? Air Force Army Coast Guard Marines Navy Reserve Unit

Does anyone in your family have special needs? Yes No

If yes, is the family member a child an adult? **Optional:** Briefly describe the challenges or special needs: _____

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 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: _____

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.