## RAZZLE DAZZLE FAMILY DAY HOME TELEPHONE APPLICATION PARENT NEEDS ASSESSMENT(10/14)

PARENT NAME:	ENT NAME: DATE:							
ADDRESS:								
HOME PHONE# WHE	RE YOU CAN BI	E REACHEI	D AT:					
EMAIL ADDRESS:								
PLACE OF EMPLOYM	IENT:							
DAYS OF CARE NEED	)ED: (Please ci	ircle):						
Monday Tuesday	Wednesday	Thursday	Friday S	Saturday	Sunday			
TIMES NEEDED EACH	H DAY:							
CHILD ATTENDING(F	<u>'lease Circle):</u>							
Playschool Pro	eschool	Kindergar	den//ECS	School				
START DATE:								
DO YOU HAVE TRAN	SPORTATION:	YES	NO	_				
WILL YOU REQUIRE	YOUR PROVIDE	R TO TRA	NSPORT:	YES	NO			
IF YES WHY?								
TRANSPORTATION 1	'IMES:							
WILL YOU BE APPLY	ING FOR SUBS	IDY:	YES	NO				
IS YOUR CHILD(REN	) IMMUNIZED?	YES		<u>10</u>				
CHILD INFORMATION		OF DIDTH		ALLED	CIEC			
NAME DATE OF BIRTH				ALLER	<u>GIE3</u>			

OTHER RELEVANT CHILD/FAMILY INFORMATION (considerations for placement) (Eg. Custody concerns, health concerns, court orders, etc):						
PETS OK:	YES	NO				
PARENT PRE	FERENCES (o	ther):				
PROVIDER RE						
AGENCY FOL	LOW UP DOC	UMENTATIO	N(contacts, di	scussion, emails	s, messages, etc.):	