

Total Gross Annual Household Income from all sources: \$ _____

Child primarily lives with _____ both parents _____parent 1 _____parent 2 _____other: _____

Total number of individuals living in the household: _____

List all individuals living in household:

Name	Age/Birthdate	Relationship to Child	School/ Grade

Has your child attended: ___ Preschool ___ Childcare ___ Home-care

Name of school or childcare setting/provider	Dates

Child's primary language? _____ Other Languages spoken in Home: _____

Has your child received Birth to 3 services? _____yes _____no

If yes, services provided: _____speech/language _____occupational therapy _____physical therapy

Does your child currently receive special education services? _____yes _____no

If yes, services provided: _____speech/language _____occupational therapy _____physical therapy

Is there any other information that you would like to share with us (use another page if needed)?

How did you hear about the STARS Program?

OFFICE USE ONLY:
_____ % SMI
_____ weekly tuition