



Ready by Five Parenting & Family Literacy Services INTEREST FORM



Parent/guardian's Name(s): _____

Contact Information:

Street Address: _____ City: _____ Zip code: _____
County: _____ Zoned Elementary School: _____
Phone number(s): _____ Email: _____
Contact preference phone text email Best time to contact: _____

Child 1: _____ DOB: _____ # weeks premature, if applicable: _____
Prenatal Expected Due Date: _____

Child 2: _____ DOB: _____ # weeks premature, if applicable: _____
Prenatal Expected Due Date: _____

Child 3: _____ DOB: _____ # weeks premature, if applicable: _____
Prenatal Expected Due Date: _____

What are you hoping to get out of the program? (select all that apply)?

- Learn about child development and parenting
- Support for educational attainment and/or employment
- Support/information on family planning
- Support for maternal health and well-being
- Increase social support
- Support for obtaining healthcare and/or health insurance
- Support for meeting economic and/or housing needs
- Support for mental health
- Other (specify): _____

What concerns do you have about your child(ren) NOT yet in school?

From which resources does your child(ren) benefit? (for child(ren) not yet in school)

- Medicaid
- WIC / SNAP (if not both, circle which one?)
- BabyNet
- Bright Start
- Other:

SD5 PreK
SD5 Other: _____

OFFICE USE ONLY:
Penelope case: ____ / ____ / ____
Penelope service file: ____ / ____ / ____