**The Hawthorne Judy Center**

Hawthorne Judy Center

125 Kingston Road

Middle River, MD 21220

410-887-0138

[www.JudyCenter.org](http://www.JudyCenter.org)

Facebook:HES Judy Center

Twitter: @JudyCtrHES

**Family Enrollment Survey**

The purpose of the Hawthorne Judy Center is to increase kindergarten readiness and support families in the Hawthorne community. The Hawthorne Judy Center is a comprehensive, community based program that offers a full range of services to children birth to age 5 and their families. Children birth to age 5 who are currently enrolled or will attend Hawthorne elementary Preschool, PreK, and Kindergarten programs automatically qualify to be a part of and receive services from the Hawthorne Judy Center. So we will know how best to support your child and your family, please complete this brief survey.

1. Family members living in the home:

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the best way to reach you: ⃝ Email ⃝ Cell Phone ⃝ House Phone

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ House Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood or Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Household Type: ⃝ Two Parent Home ⃝ Single Female Parent ⃝ Single Male Parent

 ⃝ Grandparents ⃝ Foster Parent ⃝ Non-Custodial Caregiver

3. Languages spoke at home: ⃝ English ⃝ Spanish ⃝ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. All Children Living in the Home (Please Print)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s First and Last Name** | **DOB** | **Gender****M / F** | **Entering Grade** | **Race** | **In Child Care Y / N** |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |  |  |

 Is anyone in your home expecting ⃝ Yes ⃝ No

5. Please check the agencies your family **currently** receives services from:

⃝ Baltimore county Department of Social Services (TCA, Purchase of Care Vouchers, Food Stamps)

⃝ Baltimore County Health Department (WIC)

⃝ Baltimore County Infants & Toddler Program (IFSP, IEP)

6. Please check the services or resources your family would like more information about:

⃝ Clothing ⃝ Food ⃝Housing ⃝ Behavior ⃝ Parent Education

⃝ Counseling ⃝Child Care ⃝ Lead Testing ⃝ Child Development ⃝ School Readiness

7. The Hawthorne Judy Center can also connect adults with continuing education programs offered in the area. Please let us know how we can support you in this way:

 ⃝ Adult Basic Ed. ⃝ GED ⃝ College ⃝ ESL ⃝ Job Training Skills ⃝ Trade Certificate

 ⃝ Resume Writing ⃝ Job Search ⃝ Interview Prep

8. Does your family ***have:***

 ⃝ Health Insurance by Employer ⃝ Medical Assistance ⃝ Dental Insurance ⃝ Vision Insurance

 ⃝ Primary Care Provider ⃝ Dentist ⃝ Eye Doctor

9. Does your family ***need*** information to obtain:

 ⃝ Health Insurance/Primary Care Provider ⃝ Dental Insurance/Dentist ⃝ Vision Insurance/Eye Dr.

 ⃝ Immunizations ⃝ Lead Testing

10. Please check what kinds of programs and/or events you and your family would like to participate in. Below are a list of programs and/or events:

 ⃝ Play Groups ⃝ Parent Workshops ⃝ Family Nights

 ⃝ Field Trips ⃝ Tutoring ⃝ Lending Library

 ⃝ Parent Support Group ⃝ Home Visiting ⃝ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What are the best times for your family to attend programs and/or events sponsored by the Judy Center?

 ⃝ Mornings 9:00-12:00 ⃝ Afternoons 1:00-3:00 ⃝ Evenings after 4:00

I understand that the information I provide will be used for data collection by the program(s) in which I am enrolled, as well as the Maryland State Department of Education, for the purpose of continued programming and funding development. I give permission for information to be shared with Judy Center Partners and Hawthorne Elementary School’s Administrative staff. Information will only be shared for the purpose of family service coordination and continuous school improvement. Confidentiality between partners will be observed at all times.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Parent/Guardian Signature Date

I do hereby grant the Hawthorne Judy Center permission to use, publish, and produce photographic pictures of my child and/or family for public relations and any other purpose that is connected to the and furthers the Hawthorne Judy Center’s partnership mission

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Parent/Guardian Signature Date

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**For Judy Center Use Only.** This document supports Components 2, 3, 5, 6, 7, 8, 10

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Entered into DB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Call for follow-up: \_\_\_Family Services \_\_\_Events/Activities **Updated: 9/3/19**