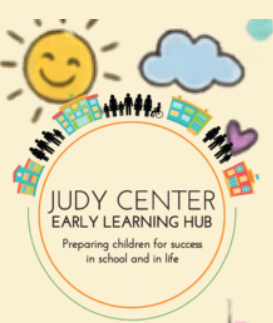


JUDY CENTER

Registration Form



CAREGIVER INFO

Caregiver's Name:

Address:

Phone Number:

Email Address:

Languages spoken at home



ADDITIONAL INFO

Are you in Infant & Toddlers Program in Baltimore County? Yes No

Does your child have an IFSP or IEP? Yes No

Name & Number of providers/coordinator in Infant & Toddler Program (IFSP):

Are you expecting? Yes No

If so, expected due date: _____

Do you have children over age 5? Yes No

If so, names and ages: _____



CHILD 1 (UNDER 5)

Child's Name: _____

Race & Ethnicity (check all that apply):

- American Indian or Alaska Native Asian Black or African American
- Hispanic or Latino Native Hawaiian or Other Pacific Islander Mixed Race

Date of Birth (M/d/yyyy): _____

Diaper & Clothes Size: _____

Is this child in school? Yes No

CHILD 2 (UNDER 5)

Child's Name: _____

Race & Ethnicity (check all that apply):

- American Indian or Alaska Native Asian Black or African American
- Hispanic or Latino Native Hawaiian or Other Pacific Islander Mixed Race

Date of Birth (M/d/yyyy): _____

Diaper & Clothes Size: _____

Is this child in school? Yes No

CHILD 3 (UNDER 5)

Child's Name: _____

Race & Ethnicity (check all that apply):

- American Indian or Alaska Native Asian Black or African American
- Hispanic or Latino Native Hawaiian or Other Pacific Islander Mixed Race

Date of Birth (M/d/yyyy): _____

Diaper & Clothes Size: _____

Is this child in school? Yes No

SERVICES & RESOURCES

Check services your family would like more info on:

- Clothing
- Food
- Child Care
- Adult Education (GED, ESOL, etc.)
- Diapers
- School Readiness
- Housing
- Insurance/Healthcare

SUBMISSION INSTRUCTIONS

Once completed, please scan and e-mail this form to:

James Turner, LMSW

Family Service Case Manager

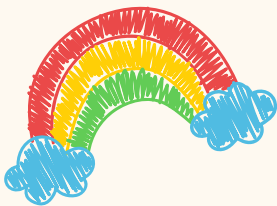
The Judy Center at Bedford Elementary School

7320 Campfield Road

Pikesville, MD 21208

(443) 809-1266

jturner8@bcps.org



Thank you for registering!