



COUNTY COUNCILS FOR YOUNG CHILDREN

PARENT/CAREGIVER OR COMMUNITY RESIDENT ENROLLMENT FORM

Thank you for completing this enrollment form. We want to be sure that the County Council represents all parents, families and other caregivers in our community. Your answers to the following questions will help us to keep you informed of our activities. It will also help us to be more responsive to the individual, cultural and service needs in our community. Questions are optional and do not affect your participation.

Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone: _____ ☐ Home ☐ Cell **Secondary Phone:** _____ ☐ Home ☐ Cell

Email: _____ **Preferred Method of Contact:** ☐ Phone ☐ Text ☐ Email

Please provide the following demographic information.

Gender:

- ☐ Male
- ☐ Female
- ☐ Not Reported

Age:

- ☐ Under age 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-59
- ☐ 60 and over

Ethnicity:

- ☐ Hispanic origin
- ☐ Not of Hispanic origin

Marital Status:

- ☐ Single
- ☐ Partnered
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Race, select all that apply:

- ☐ Black
- ☐ White
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Multiracial
- ☐ Other (specify) _____

Highest Education Level:

- ☐ Less than High School
- ☐ High School or GED
- ☐ Some college, less than 2 yrs.
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or higher

Country of origin: _____

Primary Language:

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Caribbean (French-Creole/Haitian)
- ☐ European or Slavic
- ☐ Pacific Island
- ☐ Eastern Asian (Japanese, Vietnamese)
- ☐ Native North American or Alaska Native
- ☐ African
- ☐ Other (specify): _____

Employment/School Status:

- ☐ Employed
- ☐ Self-Employed
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Unemployed



COUNTY COUNCILS FOR YOUNG CHILDREN

PARENT/CAREGIVER OR COMMUNITY RESIDENT ENROLLMENT FORM

Please indicate the age ranges of the child(ren) residing in your home, select all that apply:

☐ Prenatal ☐ Under 3 yrs. ☐ 3 yrs. to 4 yrs. ☐ 5 yrs. to 8 yrs. ☐ Over 8 yrs. ☐ None, I do not have children

Please indicate your relationship to the child(ren) residing in your home, select all that apply:

<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Sibling
<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Extended Family – Aunt, Uncle, Cousin
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Family Friend
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Foster/Resource Parent	<input type="checkbox"/> None
<input type="checkbox"/> Kinship – Legal Guardian	

Are you or a member of your household active in the military? ☐ Yes ☐ No **Deployed?** ☐ Yes ☐ No

If you answered yes to the above, please indicate the military branch, select all that apply:

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy ☐ Reserve Unit

Does anyone in your family have special needs? ☐ Yes ☐ No **If yes, is the family member:** ☐ A child ☐ An adult

Optional: *Briefly describe the challenges or special needs,* _____

Please indicate any special accommodations needed to support your participation in the Council, select all that apply:

☐ child care ☐ transportation ☐ translation services ☐ hearing impaired ☐ visually impaired

☐ physical challenges: please specify, _____

How did you hear about the County Council for Young Children (CCYC)? _____

What skills or expertise would you bring to the Council? _____

What would you hope to accomplish through your involvement on the Council? _____

When would be the best time to schedule Council meetings? ☐ Morning ☐ Afternoon ☐ Evening ☐ Weekend



COUNTY COUNCILS FOR YOUNG CHILDREN

PARENT/CAREGIVER OR COMMUNITY RESIDENT ENROLLMENT FORM

Help us to understand more about your interest in the County Council for Young Children. Below is a preliminary list and description of Council activities and workgroup opportunities. Let us know if you are interested in helping to address any of the following priorities (select all that apply):

- ☐ **At this time, I am only interested in attending the General Council Meetings**
- ☐ **Steering Committee:** This group meets regularly in between general meetings to decide on the priorities of the organization and manages the general course of its operations.
- ☐ **Education:** This group discusses issues and concerns regarding:
- Quality early care and education programs which may include—Child Care Centers, Family Child Care, Early Head Start/Head Start, Preschool, and Elementary School
 - Transitions for children and their families within early care and education settings—for example, from child care to preschool or from Early Head Start/Head Start/Preschool to Kindergarten.
 - Children with special educational needs
 - Educational needs of parents and caregivers, for example GED programs, vocational training, English as a Second Language (ESL) classes, Community College or other education opportunities
- ☐ **Health:** This group provides input on health related issues and services in the community that impact:
- Healthy pregnancy / birth; infant/child health and development, including dental care
 - Children with special health care needs
 - Parent/caregiver health – access to health insurance, routine medical care, dental care. And access to related health services when needed—such as, smoking cessation, mental health, substance abuse treatment, and more.
- ☐ **Art and Recreation:** This group examines opportunities in the community for children and families to have access to art, dance, music and sport activities that are affordable.
- ☐ **Community Resources:** This group helps to identify available resources and services in the community to identify locations, access, and gaps in services; and helps to recommend improvement, as needed.
- Gaps might include transportation, language and cultural barriers, etc.
- ☐ **Other - please identify other interests:** _____
-

Would you be interested in having a coach or mentor to support your participation on the CCYC? ☐ Yes ☐ No

*Thank you for completing the County Council enrollment form.
The information that you provide will help us to create an environment that promotes the active involvement of all participants; and ensures that your concerns are heard, supported and acted upon.*