

**HAVE QUESTIONS ABOUT YOUR CHILD?
 NEED RESOURCES FOR YOUR CHILD OR FAMILY?
 WOULD YOU LIKE HELP ME GROW TO GIVE YOU A CALL?**

PARENT / CAREGIVER INFORMATION

Date	Your Name		
Relationship to Child	Date of Birth	Language(s) Spoken	
Best Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---	Other Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---		
What is the best time to contact you?	Can we text you?	YES	NO
Address	Unit	City	Zip Code
Email			

YOUR CHILD'S INFORMATION

Your Child's Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M
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HOW CAN WE HELP YOU?

<input type="checkbox"/> I have questions about my child's development or behavior
<input type="checkbox"/> I need information or resources for my child and/or family
<input type="checkbox"/> I need something else (explain below)



By signing this authorization, I understand that Help Me Grow will contact me.

Parent/Guardian Signature: _____ Date: _____