



### Referral to Head Start Programs, Early Head Start Programs, and State Funded Programs

*For children 0-5 years old, including services to children with exceptional needs.*

Enrollment in English: Noel Juney Krogh (925) 443-3434 ext. 108	Enrollment in Spanish: Patricia Martinez (925) 443-3434 ext. 112
<b>Fax complete referral to: (925) 443-0310 Attention: Patricia Martinez</b>	

Referring Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Worker: \_\_\_\_\_

Phone: \_\_\_\_\_

Re: \_\_\_\_\_  
*(Name of Child)*

\_\_\_\_\_ *(Child's Date of Birth)*

\_\_\_\_\_ *(Name of Legal Guardian)*

\_\_\_\_\_ *(Phone number)*

\_\_\_\_\_ *(Family Address)*

\_\_\_\_\_ *(City and Zip code)*

Primary Language spoken by the parent: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I consent and authorize the referring agency and CAPE Inc. to share information as needed to establish my eligibility for your program.

Yo doy mi consentimiento para que esta agencia y CAPE Inc. compartan esta información cuando se necesite para establecer mi elegibilidad en el programa.

\_\_\_\_\_  
*(Parent/Legal Guardian Signature/Firma del Padre o Apoderado)*

\_\_\_\_\_  
*(Date/Fecha)*