

FAMILY SERVICES – REFERRAL SYSTEM

Placer Community Action Council, Inc

Early Head Start, Preschool Head Start, State Preschool, Private Childcare Providers

Name _____

(Parent/community volunteer) (Please print)

Address _____

(Please print)

City _____ Ca. Zip _____

Day Phone () _____

Evening Phone () _____

Email _____

Best day to make contact (please circle)

Monday - Tuesday – Wednesday – Thursday - Friday

Best time of day to contact (please circle one or more)

Morning - Afternoon - Evening

Signature _____

(Parent/community volunteer)

Staff name _____

(Please print)

Staff signature _____

Site _____ Phone _____

Date submitted to Family Services ____/____/____

Date of Initial contact by staff ____/____/____ Staff initials _____

Please treat this document as confidential. Staple or seal in an envelope marked confidential when pink tagging to: Jo Ann Wojcik, Jim Sherer or EJ Junkins.

Mark boxes to show areas of interest

- Policy Council
- Parent - Center Committee
- Health Advisory Committee
- Involved Males Advisory Committee.
- Education Advisory Committee
- Parent Involvement Advisory
- Celebrating Families (Feb-Apr)
- Man to Man
- O.F.F.E.R. Luncheon (For men)
- Putting Dads in the Picture (Aug-Dec)
- "Daddy, Read To Me!" (Oct-Jan)
- Bucks, Bucks Books (Nov-Apr)
- Family Camp (Sept event)
- Haunted House (Oct event)
- Food & Toy Run (Dec event)
- Light Parade (Dec event)
- Raley's River Cats (Spring event)
- Day of the Young Child (May event)
- Kids day in Tahoe (May event)
- Monarchs (Summer event)
- Conferences
- Workshops
- Ambassador Program
- English as a Second Language
- Volunteer Services (All year)
- Other _____