



the SUNSHINE Project



● Child's Name: _____

Date of Birth: _____ Age: _____ Sex _____ Ethnicity: Latino or Not Latino

Race: African American White Multi-racial American Native Indian Asian Pacific Islander Other Decline to Answer

Parent(s)/Legal Guardian: _____

Address: _____

Email: _____ Home Phone: _____ Other: _____

Person/Agency referring: _____ Phone: _____

Childcare Center: _____ Phone: _____

Email of Center: _____ Teacher: _____ NC Pre-K? Yes No

Please describe the problem and/or need: _____

Does child have (circle): IFSP IEP Have a copy? Yes or No

Insurance: Medicaid Health Choice Private (type) _____

● **Director's consent** - I understand that the SUNSHINE Project provides consultation and support to child care directors, staff and parents regarding the individual needs of the child, appropriate interventions and assessments and use of evidence-based preschool classroom practices. FIRST will contact us 6 months after our support finishes to check on the current enrollment of the child in this referral. **Signature** _____ **Date** _____

● **Parent's consent** - I give my permission for my child _____
YES NO to participate in services provided through the SUNSHINE Project.
YES NO be photographed/videotaped for noncommercial purposes.
YES NO Information to be shared with Referring Agency
YES NO Information to be shared with others such as CDSA, School System or Therapist

Parent/Guardian Signature _____ **Date** _____

_____ check here if you do not want to be added to our e-newsletter. FIRST does not share emails with anyone ever.

Please contact our office at 277.1315 if you have not gotten a call from us within 2 weeks.