

SEEDS Provider Initial Contact Form



Thank you for participating in SEEDS ! It is a research based curriculum designed to provide parents and service providers/teachers with information that will help their child be ready for Kindergarten. Please provide the information below about you and your child care home and return it to the community worker who contacted you.

Today's Date	___/___/_____ (mm/dd/yyyy)
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Provider's First Name:	
Provider's Last Name:	
Provider's License Number	
Provider's Home Phone Number:	(____) _____ - _____
Provider's Cell Phone Number:	(____) _____ - _____
Provider's Address:	Street Address: City: Zip Code:
Number of children less than 3 years (0 – 35 months) old in the provider's child care	
Number of 3-5 year old (36 months or older) children in the provider's child care	
Provider's Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please Specify) _____
Have you ever been a participant of QRIS (Quality Rating Improvement System) or RTT (Race To the Top)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a participant of SEEDS of Early Literacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Next Steps: A SEEDS coach (FRC community worker) will contact you to confirm your participation in this program and give details regarding next steps to follow.

For FRC staff only:	
Name of the SEEDS coach	
Please send this form to FIRST 5 Santa Clara County by July 11, 2016	
Mail at following address: FIRST 5 Santa Clara County Monika Vishwakarma 4000 Moorpark Ave, Suite 200 San Jose, California 95117	Or send scanned copies of this form at following email address: Monika@first5kids.org

If you have any question, please contact Monika Vishwakarma at Monika@first5kids.org , (408)260-3712