



# Cowlitz County Early Learning Referral Form

Referring Agency \_\_\_\_\_ Referred by \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip code: \_\_\_\_\_

School District \_\_\_\_\_ Primary Language: \_\_\_\_\_ Interpreter: Y N

Current Diagnosis (if any) \_\_\_\_\_ Agencies already working with you \_\_\_\_\_

**Program(s) of interest:** *You may check more than one box*

**Lower Columbia College**

- Child Care Center
- HS/ECEAP (3 – 5)
- Early Head Start (0-3)
- Teen Program R.A.Long

**ESD 112**

- Full Day Subsidized EHS (0-3)
- Child Care/SWCCC
- 123 Grow & Learn Playgroups

**Progress Center**

- Behavior Therapy
- Cognitive Therapy
- Speech Therapy
- Physical Therapy

**Parents Place**

- Parent-Education Classes
- Home Visiting
- Support Groups

**School District(s)**

- Special Ed Preschool
- Read and Grow (Longview)
- Enrollment

**Health Department**

- Nurse Family Partnership Program
- CSHCN

I acknowledge that this is not an application for enrollment but a statement that I am interested in receiving a phone call from the agency(s) to learn more about program services.

I agree that the status of this referral will be shared among the agencies.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Consent Received by: (print staff name) \_\_\_\_\_ Date \_\_\_\_\_

Please send referral to:

Lower Columbia College Head Start– PO Box 3010 – Longview, WA 98632 or email:

[headstart.info@lowercolumbia.edu](mailto:headstart.info@lowercolumbia.edu)

***Coalition Supported by:***

Longview School District  
LCC Head Start/ECEAP  
Parents Place  
ESD 112

LCC ECED Department  
Kelso School District  
Children's Discovery Museum  
LCC Early Learning Center

Progress Center  
Children's Home Society of WA  
DCYF Early Achievers

United Way  
Cowlitz Community Network