St. Louis Park Community Education
EARLY CHILDHOOD SCREENING

Parent/Guardian Name: _____
(First) (Middle) (Last)

Parent/Guardian Name: _____
(First) (Middle) (Last)

Address: _____

City and Zip: _____ Phone: _____

Email: _____

How many children under the age of 20 live in your household? _____

Please list all children living in your household below:

First Name	Last Name	Gender (M or F)	Birthdate	Relationship to Heads of Household	School Attending (if any)