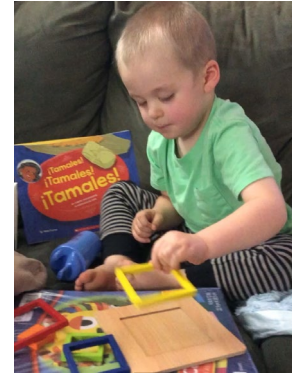


# Estacada BrainBox Club

**Free to families with children 0-4 years of age in the Estacada/Eagle Creek Area!**



We believe in the importance of brain development in children and promoting parent-child interaction. Todos Juntos, along with the Estacada Early Childhood Committee, Estacada School District, Estacada Public Library, and Orchid Health would like to partner with you in supporting the brain development of your child. If you have a child(ren) ages 0-4 years old, we invite you to join our "BrainBox" club free of charge. Please register by filling out the form on-line at: (TBD) , or complete the registration attached to this flyer and email or deliver to the address on the bottom. Once we receive your registration form, we will contact you to verify where you want your "BrainBox" delivered.

Your child's "BrainBox" is full of age-appropriate activities, books, toys, information, resources, and much more that support the brain development of your child. What you do with your child now, will make a big difference in their success in school and life. Feel free to share this information with anyone who lives in the Estacada and Eagle Creek area who has a child that is between the ages of 0-4 years old.

**Families who have signed up last year:** You do not need to fill out the form again each year, you will receive the next age-appropriate box, until they are 4 year's old. We will contact you for updated information and delivery .





## BrainBox Club Registration

Child's Name: \_\_\_\_\_

Child's Date of Birth (age): \_\_\_\_\_

Child's Gender:    Male    Female    Prefer not to say

The ethnicity of child: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Preferred method of contact: Call    Text    Email

Language: What is your Primary Language? \_\_\_\_\_

What Language is spoken in the home? \_\_\_\_\_

**Does your family receive or qualify for any of the following services or forms of financial assistance?**

Supplemental Security Income (SSI)     Yes     No

Temporary Assistance for Needy Families (TANF)     Yes     No

Women, Infants, and Children Program (WIC)     Yes     No

Do you consider your family to be homeless? (*Lack a fixed, regular, and adequate residence and/or moving between home of relatives or friends. Living in motels, hotels, camping grounds, shelters, substandard housing, bus or train stations, vehicles and/or similar settings.*)     Yes     No

Are there any services you would like more information about? \_\_\_\_\_

Consent and Release:

Name of Child \_\_\_\_\_

During the program year, photos will be taken of the program activities funded by the Early Childhood Equity Fund by which some photographs may capture your child's and/or your participation, directly or indirectly. These photos may be published for educational purposes (including publications, presentations, or broadcast via newspaper, internet, or other media sources). By signing your initials, it indicates that you acknowledge and hereby consent for us to publish photos which may include you and/or your child. \_\_\_\_\_.

I understand and agree that the information provided in this form may be shared with entities and individuals involved in the administration and monitoring of the Early Childhood Equity Fund program including but not limited to Grantees and their staff, Estacada School District, Early Learning Hubs, Education Service Districts, and the Oregon Department of Education and its Early Learning Division. \_\_\_\_\_

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

When complete deliver or mail to: River Mill Elementary  
Attn: BrainBox Club  
850 N. Broadway St.  
Estacada, OR 97023

Email to: [Brainboxestacada@todos-juntos.net](mailto:Brainboxestacada@todos-juntos.net)

