



Please circle

- Is your child/children enrolled in the WIC Program **YES NO**
- If yes, have you been to the WIC office in the last two months? **YES NO**
- Would you like to attend WIC appointments during extended hours (early morning or evening)? **YES NO**
- Would you like to attend WIC appointments at Head Start? **YES NO**
- Would you like to attend WIC appointments at the WIC office? **YES NO**

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone#: _____



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