

## 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 hearly morning or evening)?	nours 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	#:
Connecticut	



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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 appointment (early morning or evening)?	nts during extended hours	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#:		