

All parents have questions
Help Me Grow has answers

 **CALL**
Help Me Grow
888.510.1211

Monday—Friday
9am—5pm
Services are free and confidential
Interpretation is available

For family fun, information and
resources, visit us online at

Alameda **KIDS**.org

Follow us



@helpmegrowalamedacounty



 **Help Me Grow**
Alameda County

Help Me Grow Alameda County is supported by First 5 Alameda County and is a member of the Help Me Grow National Network

 **Help Me Grow**
Alameda County



**Developmental
Screening
Program**

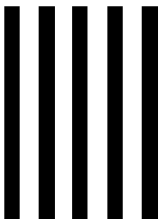
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Help your child reach their full potential

From infancy to Kindergarten, your child will grow and change dramatically. Know what to expect by tracking your child's development.

Developmental screenings are used to tell if children are learning basic skills when they should. Screenings measure how children learn, speak, move, behave, and relate to others.

Receive regular screenings and ongoing support for your child until the age of 5 by enrolling in the Developmental Screening Program. It's free and easy!



Enroll to

- Learn how your child is developing
- Know your child's strengths
- Know if your child needs extra support
- Help prepare your child for school
- Get assistance and referrals

How it works

1. Submit the enrollment form or sign up at www.alamedakids.org/screening
2. Receive a developmental screening by email or mail every 3-4 months until your child's 5th birthday
3. Complete and return your screenings on schedule
4. Staff provide results and offer support if needed



The American Academy of Pediatrics recommends all children receive regular developmental screenings



Have questions?
Call 1-888-510-1211 to speak to friendly Help Me Grow staff

Enrollment Form

Parent First Name: _____

Parent Last Name: _____

Relationship to Child: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: _____ Zip Code: _____

How would you like to receive screenings?
(circle one): **Mail** **Email**

In what language do you prefer to read and complete the screenings?
(circle one): **English** **Spanish** **Chinese**

Prenatal Enrollment: If you are pregnant, please tell us your expected due date: _____
(Our team will contact you near this due date)

Child Enrollment: Sign up children ages birth to 5 years. For additional children, use another form or call Help Me Grow.

Child #1 Full Name: _____

Date of Birth: _____ Gender: _____

Was child #1 born early (please circle): **Yes** **No**

If yes, how early? _____ weeks

Child #2 Full Name: _____

Date of Birth: _____ Gender: _____

Was child #2 born early (please circle): **Yes** **No**

If yes, how early? _____ weeks

Please enroll my family in Help Me Grow:

Signature: _____ Date: _____

**Your personal information will not be shared or sold to third parties.*