

# Parent Information Center of Delaware

*UPON RECEIPT of the below information we will direct your inquiry to one of our Parent Consultants who will reach out to you within three to four business days.*



There are three options for returning this information: (1) **email** the completed form as an attachment to [picofdel@picofdel.org](mailto:picofdel@picofdel.org) with “**PIC Contact Form**” in the subject line, (2) print out and then **fax** the completed form to (302) 999-7637, or (3) **copy & paste** the below questions with answers into your return email and send to [picofdel@picofdel.org](mailto:picofdel@picofdel.org) with “**PIC Contact Form**” in the subject line.

## CONTACT INFORMATION

Your First Name:

Your Last Name:

Your Child’s First Name:

Your Child’s Last Name:

Your Child’s Date of Birth (mm/dd/yy):

Known disability / special need of your child:

School and school district your child attends:

Your complete address with zip code:

## BRIEFLY DESCRIBE THE REASON FOR YOUR CALL TO PIC:

## BEST TIME FOR OUR STAFF TO CONTACT YOU:

- Morning from \_\_\_\_\_ to \_\_\_\_\_
- Afternoon from \_\_\_\_\_ to \_\_\_\_\_
- Evening from \_\_\_\_\_ to \_\_\_\_\_

## PREFERRED MODE OF CONTACT - check as appropriate and provide us with contact information:

*(It is best if you can provide at least two options – preferably a phone # and email or 2 phone #'s and email)*

- Phone (Work)
- Phone (Home)
- Phone (Mobile)
- Email

## HOW DID YOU HEAR ABOUT PIC?:

**Thank you for your cooperation, as it will allow us to better serve you.**

Mindy Cox, Office Manager

*All information provided to PIC staff is kept confidential and not shared with anyone for any reason.*