

APPLICATION FOR PARTICIPATION

Dear parents/caregivers,

Thank you for expressing your interest for the "Program for parents: STRONG FROM THE START – GIVE THEM WINGS".

Please send your application no later than on October 21st 2020.

You can apply for the program in one of the 3 ways listed below:

1. Fill in this online survey.
2. Submit the filled survey to the preschool institution or to the following address: CIP Centar, Drinčičeva 30, 11000 Belgrade
3. Fill in the questionnaire in the preschool institution, after making an appointment by phone.

For more information, contact this number: 0640247059

Please answer the questions about your family. We need the information to form groups and they will be kept in a way that ensures respect of your privacy and confidentiality.

* Required

1. The closest preschool institution facility: *

☐ Naše dete - PI Naše dete (VR)

☐ Dečja radost - PI Naše dete (VR)

☐ Boško Buha - PI Naše dete (VR)

☐

2. Name and surname of the primary parent/caregiver: *

3. What is the highest level of education completed (for the parents/caregivers listed in #2)?

[Examples: If a person has completed 7 grades of primary school, choose the option "Four years of primary school". If a person has enrolled in secondary school, but has not completed it, select the option "Primary school (8 years)".] *

- ☐ No schooling
- ☐ Four years of primary school
- ☐ Primary school (8 years)
- ☐ Vocational school lasting 1 or 2 years
- ☐ Vocational school lasting 3 or 4 years
- ☐ General education secondary school
- ☐ College/University or higher
- ☐ I don't know
- ☐ I don't wish to respond

4. Has anyone in the household ever participated in a parenting program before? *

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I don't wish to respond

5. If your answer is YES, please write the name of the Program and what organization or individual implemented it:

6. Month and year of birth of each child or children aged 0 to 6:

Month, year *

Format: M/d/yyyy

7. Name *

8. Month, year

Format: M/d/yyyy

9. Name

10. Month, year

Format: M/d/yyyy

11. Name

12. Do you children aged 3 – 5,5 attend any preschool program? *

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I don't wish to respond

13. If your answer is YES, please circle what kind of program your child attends (if your children attend different programs, please not the program that your eldest child attends):

- ☐ Full day
- ☐ Half day
- ☐ Short, periodically

14. Main source of income in the household (please select one):

[Explanation: A source of income that covers most household/family expenses, regardless of whether the income is generated by one or more members.] *

- ☐ Salary
- ☐ Income from self-employment (excluding agriculture)
- ☐ Agricultural income
- ☐ Pension
- ☐ Social assistance (unemployment, severance, MESP, child allowance, parental allowance, other)
- ☐ Income from investments, savings, insurance or property
- ☐ Income from other sources
- ☐ There is no source of income
- ☐ I don't know
- ☐ I don't wish to respond

15. Does your household own any of the following? (Please check all that apply.) *

- ☐ Smartphone
- ☐ Mobile phone (excluding smartphones)
- ☐ Computer
- ☐ TV
- ☐ Landline phone

16. Does your household have access to the internet? *

☐ Yes

☐ No

17. Do you speak Serbia well enough to be able to communicate and read the material you will receive in this Program in this language? *

☐ Yes

☐ No

18. If the answer to the previous question is NO, in what language can you communicate and read material from this program?

☐ Albanian

☐ Bosnian

☐ Bulgarian

☐ Croatian

☐ Hungarian

☐ Roma

☐ Romanian

☐ Ruthene (Rusyn)

☐ Slovak

☐

Other

19. Do you read and write in Serbian or Hungarian?

[Explanation: If you know only Serbian or only Hungarian, respond YES. If you do not speak any of the two languages, respond NO.] *

☐ Yes

☐ No

20. We will enroll the families that apply in two groups. Some will be distributed to participate in the program during the Fall 2020, while the remaining families will be enrolled for the Spring 2021 program. This will be a random selection and it will enable us to learn from the families in the first group and make the necessary improvements to the program. We will inform you by _____ (enter date) on the session in which you will participate.

I confirm that I understand how the realization of the Program is planned and that I will be informed whether my family is randomly selected in the group that will participate in the Program in 2020 or in the group that will participate in the Program in 2021. I confirm my consent to participate in the Program, as well as to participate in a short oral survey in the spring of 2021 which will help to improve this Program. *

☐ Yes

☐ No

21. Contact information: Address (Number and street): *

22. (Municipality): *

23. (City): *

24. (Post code): *

25. Phone number (mobile): *

26. Phone number (landline or alternative):

27. E-mail:

28. Contact preference:

☐ E-mail

☐ Phone

☐ Either

THANK YOU FOR APPLYING TO OUR PROGRAM.

WE ARE LOOKING FORWARD TO SOCIALIZING AND COOPERATION FOR CHILDRENS WELL-BEING.

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