



ENGLEWOOD SCHOOLS
 Early Childhood Education Program
 Child and Family Information Form

The information you provide will remain confidential. It will be used to determine possible funding eligibility for your child.

1. Child's Legal Name: _____ Birthday ____ / ____ / ____
First, Last Name
2. Parent/Guardian 1: _____ Relationship to child: _____ Birthday: ____/____/____
First, Last Name
 Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____
 Employer: _____ Work Phone: _____
 People in Household: ____ Adults ____ Children
3. Parent/Guardian 2: _____ Relationship to child: _____ Birthday: ____/____/____
First, Last Name
 Do child's parents/guardians have the same address: Yes No
 Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____
 Employer: _____ Work Phone: _____
 People in Household: ____ Adults ____ Children

4. Individuals with whom the child lives: Both Guardian 1 Guardian 2 Shared Other: _____

5. Who are the important people in your child's life? (Siblings, people who your child spend time with on a regular basis)

Name:	Age:	Relationship:	Live with Yes/No

6. Child's Birth Weight: _____ lbs _____ oz Was your child born at full term? Yes No
7. Did your child require any special medical care or hospitalization at birth or during the first months of life?
 Yes No Unknown Please explain: _____
8. Has your child been seen by any providers such as OT, PT, Mental Health Provider or Speech Therapist?
 Yes No Please explain: _____

9. Does your child have a history of any of the following? *Please check the boxes that apply.*

- | | | | |
|---|--|--|---|
| Respiratory infections <input type="checkbox"/> | Lack of bladder control <input type="checkbox"/> | Headaches <input type="checkbox"/> | Asthma <input type="checkbox"/> |
| Stomach aches <input type="checkbox"/> | Seizures <input type="checkbox"/> | Skin problems <input type="checkbox"/> | Ear Infections <input type="checkbox"/> |
| Overweight <input type="checkbox"/> | Weight loss <input type="checkbox"/> | Head injury <input type="checkbox"/> | PE tubes in ears <input type="checkbox"/> |
| Vision concerns <input type="checkbox"/> | Hearing concerns <input type="checkbox"/> | Snoring <input type="checkbox"/> | Heart Condition <input type="checkbox"/> |
| Diabetes Mellitus <input type="checkbox"/> | Other <input type="checkbox"/> | | |

Aside from your child's well check, is your child presently under a doctor's care for specific health concerns?

Yes No If Yes please explain:

10. Is your child on any Medications, Special Diet or Allergies? Yes No

If Yes please explain: _____

11. Has your child had structured experiences with peers? (ie. daycare, playground, preschool etc.) _____

12. Do you have any concerns about your child's development or behavior?

13. Are you covered by comprehensive health insurance? Yes No

Medicaid: Yes No Health Insurance provider: _____

14. Child's Doctor's Office: _____ Child's Dental Office: _____

15. What languages are spoken in the home by caregivers: _____

16. What language(s) does your child speak? _____

17. What language(s) does your child understand? _____

18. What does your child enjoy doing at home? _____

19. How would you describe your child's personality? _____

20. Would you describe your residency as:

- | | | |
|---|--|--|
| <input type="checkbox"/> Shelter or Transitional Housing | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Relatives/Friends |
| <input type="checkbox"/> Unsheltered (Cars, Parks, Campgrounds) | <input type="checkbox"/> None of these apply | |

Residency is important as it directly relates to Educational Rights under the McKinney-Vento Act, which assures education to students who are homeless. "Homeless" is defined in the act as "children who lack a fixed, regular and adequate nighttime residence includes those who are sharing the housing of others due to loss of housing, economic hardship, or a similar reason".

I give permission to Englewood schools Early Childhood Education Program to conduct a developmental and health screening.

Parent/Guardian Signature: _____ **Date:** ___ / ___ / ___