



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: \_\_\_\_\_  
*First, Last Name*  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
People in Household: \_\_\_\_ Adults \_\_\_\_ Children
3. Parent/Guardian 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
*First, Last Name*  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_
4. Individuals with whom the child lives:  Both  Guardian 1  Guardian 2  Shared  Other: \_\_\_\_
5. Do you have any concerns about your child's development or behavior?  
\_\_\_\_\_  
\_\_\_\_\_
6. Has your child been evaluated for developmental concerns?  
 Yes  No Please explain: \_\_\_\_\_
7. Has your child been seen by any providers such as OT, PT, Mental Health Provider or Speech Therapist?  
 Yes  No Please explain: \_\_\_\_\_
8. Does your child have a history of any of the following? *Please check the boxes that apply.*  
Respiratory infections       Lack of bladder control       Headaches       Asthma   
Stomach aches       Seizures       Skin problems       Ear Infections   
Overweight       Weight loss       Head injury       PE tubes in ears   
Vision concerns       Hearing concerns       Snoring       Heart Condition   
Diabetes Mellitus       Other
- 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: \_\_\_\_\_
9. Is your child on any Medications, Special Diet or Allergies?  Yes  No  
If Yes please explain: \_\_\_\_\_
10. Child's Doctor's Office: \_\_\_\_\_ Child's Dental Office: \_\_\_\_\_
11. What languages are spoken in the home by caregivers: \_\_\_\_\_
12. What language(s) does your child speak? \_\_\_\_\_
13. What language(s) does your child understand? \_\_\_\_\_

14. Does your family currently access SNAP, TANF, SSI? Yes  No

15. Would you describe your residency as:

- Shelter or Transitional Housing                       Hotel/Motel                       Relatives/Friends  
 Unsheltered (Cars, Parks, Campgrounds)                       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:** \_\_\_ / \_\_\_ / \_\_\_