Englewood Early Childhood at Maddox

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

   Address*:* _____

   Phone: _____ Email: _____

   Employer: _____

   People in Household: ____ Adults ____ Children
3. Parent/Guardian 2: _____Relationship to child: _____
   First, Last Name

   Address*:* _____

   Phone: _____ Email: _____

   Employer: _____
4. Individuals with whom the child lives: □ Both □ Guardian 1 □ Guardian 2 □ Shared □ Other: ____
5. Does your child have any developmental concerns? For example: does your child like to play with others?

   Can you understand most of what your child says? How does your child manage emotions?

   _____

   _____

   _____
6. Has your child been evaluated for developmental concerns? Has your child ever had an IFSP or IEP from a school district or other agency?

   □ 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 have Allergies? Yes No

   If Yes please explain: _____

   _____

   Will your child need any medication at school? Yes No

   If Yes please explain: _____

10. Are you covered by comprehensive health insurance? Yes No
    Medicaid: Yes No Health Insurance provider: _____

    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 None of these apply
    Unsheltered (Cars, Parks, Campgrounds) Relatives/Friends

    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: ___ / ___ / ___

PROGRAM PREFERENCE: Please check your preferences below. You can indicate 1st or 2nd choice. Please be aware that indicating a session or teacher preference does not guarantee placement.

____Morning Preschool (AM only Monday-Thursday 8:15-11:30 am)

___ Afternoon Preschool (PM only Monday-Thursday 12:15-3:30 pm)

___ Full Day School Day (Monday-Friday 8:30am-3:30pm)

___ **Before school care** (7am - 8:30am)

____ **After school care** (3:30pm - 5pm)

Notes or considerations: _____

_____

_____