

CHILD

**Child Information**

Child First Name \_\_\_\_\_ Child Last Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Number of weeks premature \_\_\_\_\_ (0=not premature)

Was this child referred to your program by the Department for Children and Families?

Yes     No

Does the child have an IEP or IFSP?     IEP     IFSP     None

Name of primary caregiver (parent/guardian): \_\_\_\_\_

Child's relationship to primary caregiver (select one)

Son                       Daughter                       Niece                       Nephew  
 Sibling                       Foster Child                       Grandchild                       Other

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**Contact Information**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**Child Demographics**

Child Gender:  Male  Female

Child Ethnicity:  Hispanic/Latino/Spanish Origin     Non-Hispanic/Non-Latino/Not Spanish Origin

**Child Race (select all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White                     | <input type="checkbox"/> Other                                     |

Does this child speak a language other than English at home?  Yes  No

**Child Primary Language (select one):**

- |                                     |                                   |                                  |  |
|-------------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> English    | <input type="checkbox"/> Arabic   | <input type="checkbox"/> Chinese | <input type="checkbox"/> French          |
| <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean  | <input type="checkbox"/> Polish          |
| <input type="checkbox"/> Russian    | <input type="checkbox"/> Spanish  | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tribal Language |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other    |                                  |  |

**Child Insurance Status (select one):**

- Medicaid/State Medical Insurance Program (Title XXI/CHIP)
- No Insurance Coverage
- Private or other
- Tri-care (Military Insurance)

**At-Risk Criteria**

Is the child participating in Part B Assistance for Education of All Children with Disabilities?

- Yes  No

Is the child participating in Part C Early Intervention services?

- Yes  No