DAISEY
connecting the first five years to a lifetime of success

ECBG Child Enrollment and Discharge form

Child Information

* Which child was involved? _____

Program Information

Please refer to the most recent version of the Common Measures Table for the Program Types applicable to this child.

* Program Type

- ☐ Child Care (choose type below)
- ☐ Child Care (Tuition Assistance)
- ☐ Classroom Infrastructure
- ☐ Mental & Behavioral Health for Children
- ☐ PreK (choose type below)
- ☐ PreK (Summer)
- ☐ PreK (Tuition Assistance
- ☐ Social-Emotional Classroom Consultation
- ☐ Special Needs Children (Part B or Part C)

PreK Program (if PreK selected above)

- ☐ PreK
- ☐ PreK (Summer)
- ☐ Early Learning
- ☐ Early Head Start
- ☐ Head Start

Child Care Program (if Child Care selected above)

- ☐ Child Care
- ☐ Child Care (Before & After PreK)
- ☐ Child Care (Respite)
- ☐ Early Learning
- ☐ Early Head Start
- ☐ Head Start

* *Indicates mandatory field in DAISEY*

Enrollment Information

* Enrollment Date _____

Enrollment Notes:

Referral Information

Referral Source

☐ Child Welfare Services ☐ Family or Friend ☐ Self

☐ Other_____

Date site received referral: _____

Discharge Information

* Discharge Date _____

* Discharge Reason

☐ Completed Program

☐ Child Aged Out

☐ Moved out of Service Area

☐ No Contact

☐ Could Not Locate

☐ No Longer Interested in Services

☐ Unable to Participate in Services

☐ DCF Involvement: Non-Prevention Case Opened

☐ Other _____

Discharge Notes:

* *Indicates mandatory field in DAISEY*