



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.
This information is extremely helpful when submitting and seeking additional funds for program development. Thank you for your assistance!

1. Child's Legal Name: _____ Birthday ____ / ____ / ____ Boy ☐ Girl ☐
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 House Hold: ____ Adults ____ Children

Educational completion (Please check only one)	Ethnic/Racial Group (please check only one)
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Some College <input type="checkbox"/> Associate or Technical Degree	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic

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 House Hold: ____ Adults ____ Children

Educational completion (Please check only one)	Ethnic/Racial Group (please check only one)
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Some College <input type="checkbox"/> Associate or Technical Degree	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic

3. Individuals with whom the child lives: Both Parents ☐ Mother ☐ Father ☐ Shared ☐ Other: _____

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

Name:	Age:	Relationship:

5. Child's Birth Weight: _____ lbs _____ oz Was your child born at full term? Yes ☐ No ☐

6. Did your child require any special medical care or hospitalization at birth or during first months of life?
Yes ☐ No ☐ Please explain: _____

7. Has your child been seen by any providers such as OT, PT, Behaviorist or Speech Therapist?
Yes ☐ No ☐ If Yes, please explain: _____

8. 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"/>

9. Did your child require any special medical care or hospitalization at birth or during the first months of life? Such as difficulty breathing, oxygen after birth, seizures, failure to thrive?

Yes ☐ No ☐ Please explain: _____

10. Is your child presently under a doctor's care for specific health concerns?

Yes ☐ No ☐ If Yes, please explain: _____

11. Is your child on Medication, Special Diet or Allergies?

Yes ☐ No ☐ If Yes, please explain: _____

12. Is your child toilet trained? Yes ☐ No ☐

13. Your child's sleeping habits? Number of hours/night _____ Does your child nap Yes ☐ No ☐

14. What are your child's favorite things to do?

15. How would you describe your child's personality?

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

17. Are you covered by comprehensive health insurance? Yes ☐ No ☐

Medicaid: Yes ☐ No ☐ Health Insurance provider: _____

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

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

20. What language or languages does your child speak?

Only English ☐ Some English ☐ Only Home Language ☐ _____ Both languages equally ☐

21. 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 night time residence includes those who are sharing the housing of others due to loss of housing, economic hardship, or a similar reason".

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	

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

Parent/Guardian Signature: _____ Date: ____ / ____ / ____