

Salida Early Childhood Center Application

Salida School District R-32J

Child Information

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Last Name | | First Name | | Middle Name | Lives with: |
| | | | | | <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both <input type="checkbox"/> Other _____ |
| Date of Birth | Birthplace | Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other - _____ | | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | |
| Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Multi-racial/biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity Hispanic (Y/N) | | | | | |

Insurance Information
 Medicaid CHP+ Private Insurance no insurance

Primary Adult Mother Father Grandparent other _____

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|
| Last Name | | First Name | | Date of Birth | |
| | | | | | |
| Preferred Phone | | Work Phone (Secondary) | | Physical AND Mailing Address | |
| Employer Name and Address | | Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other - _____ | | | |
| Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Multi-racial/biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity Hispanic (Y/N) | | | | | |

Secondary Adult Mother Father Grandparent other _____

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|
| Last Name | | First Name | | Date of Birth | |
| | | | | | |
| Preferred Phone | | Work Phone (Secondary) | | Physical AND Mailing Address | |
| Employer Name and Address | | Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other - _____ | | | |
| Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Multi-racial/biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity Hispanic (Y/N) | | | | | |

Other Adult in home Guardian Step Parent Live in Partner Grandparent other _____

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|
| Last Name | | First Name | | Date of Birth | |
| | | | | | |
| Preferred Phone | | Work Phone (Secondary) | | Physical AND Mailing Address | |
| Employer Name and Address | | Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other - _____ | | | |
| Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Multi-racial/biracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity Hispanic (Y/N) | | | | | |

Other People in Your Home if not already listed above – include brothers and sisters

| Name | Relationship | Date of Birth |
|------|--------------|---------------|
| | | |
| | | |
| | | |

| Parent/Adult Education | | | Parent/Adult Employment | | |
|-------------------------------------------------|-----------|-------------------------------------------------------------------|--------------------------------------------------------|-----------|---------------------------|
| Please check the education level of each parent | | | Please check employment status for BOTH parents/adults | | |
| Primary | Secondary | | Primary | Secondary | |
| | | Less than a high school diploma: Highest grade completed _____ | | | Full time – over 35 hours |
| | | GED | | | Part time |
| | | High school diploma | | | Seasonally Employed |
| | | Vocational training | | | Unemployed |
| | | Associate's Degree | | | Seeking employment |
| | | Bachelor's Degree | | | In job training or school |
| | | Master's Degree | | | Disabled |
| | | Interested in GED classes | | | Retired |
| | | Interested in English classes | | | Other - |
| | | Interested in Parenting classes | | | |

Family Factors (check all that apply – this helps us determine what funding might be available for your family)

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> parent under 18 at time of child's birth | <input type="checkbox"/> violence/abuse in the home – current or past | <input type="checkbox"/> Lived in more than one home in the past year. How many? _____ |
| <input type="checkbox"/> one or both parents deployed | <input type="checkbox"/> family member incarcerated | <input type="checkbox"/> more than one generation living in the home |
| <input type="checkbox"/> involved in court action | <input type="checkbox"/> family in crisis | <input type="checkbox"/> Over the last 12 months, lived in a car, a camper/tent, a motel, or with another family |
| <input type="checkbox"/> drug or alcohol abuse in the home – current or past | <input type="checkbox"/> family member who struggles with mental illness | <input type="checkbox"/> previously in Head Start – this or another child |
| <input type="checkbox"/> receives assistance (circle all that apply) TANF CCAP (child care) LEAP WIC Food Stamps Unemployment Free and Reduced Lunch SSI | | |
| <input type="checkbox"/> What type of support does your family have? (friends, family, church group, etc) | | |
| <input type="checkbox"/> any other family information that is important for us to know | | |
| Interested in half day or full day preschool? OR Center based or home based education infant/toddler program? Why? | | |

Child Factors (check all that apply – this helps us to make sure we are meeting all of your child's needs)

| | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> had problems during or just after birth | <input type="checkbox"/> difficulty seeing/concerns about vision | <input type="checkbox"/> I am worried about my child's speech or language |
| <input type="checkbox"/> weighed less than 5 lb. 8oz | <input type="checkbox"/> difficulty hearing/ concerns about hearing | <input type="checkbox"/> I am worried about my child's behavior |
| <input type="checkbox"/> has an ongoing illness | <input type="checkbox"/> has a diagnosed disability | <input type="checkbox"/> I am worried about my child's physical development |
| <input type="checkbox"/> health problems which will limit activities at school - | <input type="checkbox"/> has a current IFSP or IEP | <input type="checkbox"/> I am worried about my child's social skills |
| <input type="checkbox"/> rarely plays with other kids his/her age | <input type="checkbox"/> had an IFSP or IEP in the past or was evaluated | <input type="checkbox"/> I am worried about my child's ability to learn |
| <input type="checkbox"/> any other information we need to know about your child | | |

How did you hear of us? _____ Is your child attending preschool or daycare somewhere else? Y N
If so, where? _____

Family email address: _____

Parent/Guardian Signature: _____ Date: _____
Staff Signature _____ Date: _____

