

**EARLY CHILDHOOD EDUCATION FORM**

School Year: 20\_\_\_\_\_

Today's Date: \_\_\_\_\_

**STUDENT**

Name: (Last) \_\_\_\_\_

(First, Middle) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender (circle one): F M

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child have any special health/learning conditions or concerns? ( )No ( )Yes

If Yes, please

describe: \_\_\_\_\_

Child is in group child care: ( )No ( )Yes Hours per week: \_\_\_\_\_

Child is in preschool/Headstart: ( )No ( )Yes

Child custody is shared with another home: ( )No ( )Yes

Child's immunizations are up to date: ( )No ( )Yes Copy included: ( )No ( )Yes

**REGISTERING ADULT**

Name: (Last) \_\_\_\_\_

(First, Middle Initial) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_ father \_\_\_\_\_ mother  
\_\_\_\_\_ step-parent \_\_\_\_\_ foster-parent  
\_\_\_\_\_ guardian \_\_\_\_\_ other relative

Communication: Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Texting? ( )N ( )Y

Email \_\_\_\_\_

Education Background:

\_\_\_\_\_ up to 8th grade (none beyond) \_\_\_\_\_ Some college, no degree  
\_\_\_\_\_ 12th grade, no diploma/graduation \_\_\_\_\_ Associate degree (2 year)  
\_\_\_\_\_ High School Diploma \_\_\_\_\_ Bachelor's degree (4 year)  
\_\_\_\_\_ GED (high school equiv.) \_\_\_\_\_ Master's degree  
\_\_\_\_\_ Doctoral degree

Employment Status: \_\_\_\_\_ Full-time Homemaker or Unemployed, not seeking employment  
\_\_\_\_\_ Unemployed, seeking employment  
\_\_\_\_\_ Employed less than 25 hours per week  
\_\_\_\_\_ Employed more than 25 hours per week

Household Income: \$ \_\_\_\_\_ ( )Yearly ( )Monthly ( )Weekly

Number of people in household: \_\_\_\_\_

**How did you find out about the program?** ( ) newspaper ( ) friend/neighbor ( ) health professional  
( ) newsletter/brochure ( ) radio ( ) Facebook ( ) other\_\_\_\_\_