

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate.

TODAY'S DATE (M/D/Y): ____/____/____	
CHILD INFORMATION:	
Legal First Name:	Name Suffix (Jr,II,III):
Legal Middle Name:	Name Child is Called:
Legal Last Name:	
Child's Social Security # ____-____-____	DOB (M/D/Y): ____/____/____
	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Choose Not to Provide SSN <input type="checkbox"/>	Date enrolled in Pre-K (M/D/Y): ____/____/____
PARENT/GUARDIAN INFORMATION:	
Last Name:	First Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>	
Email Address:	Zip Code:

1. Identify your child's ethnicity, regardless of race, by selecting one of the below options.

- Hispanic/Latino** **Not Hispanic/Latino**
 Decline to Answer

Select **ONE OR MORE** of the following races regardless of how you answered question one.

2. Is your child:

- a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 d. **Black or African American** – A person having origins in any of the Black racial groups of Africa.
 e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment.
 f. **Decline to Answer**

3. What is your child's primary language?

- English**
 A language other than English

3.a. Which language is spoken in the child's home (other than English)? _____

4. Was your child born as a:

- Single Birth (1)**
 Twin (2)
 Triplet (3)
 Quadruplet (4)
 Quintuplet (5)

5. Does your child receive Special Education Services?

- Yes** **No**

5.a. If Yes, indicate which of the following Special Education Services your child receives.

- Individual Education Program (IEP) (Part B, Section 619, IDEA)**
 504 Plan/Individual Accommodation Plan (IAP) (Section 504 of the Rehabilitation Act of 1973)

6. Does your child receive any of the following services?

- Childcare and Parent Services (CAPS)**
 Child and Adult Care Food Program (CACFP)
 Supplemental Security Income (SSI)
 Supplemental Nutrition Assistance Program (SNAP)
 Medicaid
 Temporary Assistance for Needy Families (TANF)
 Foster Care

7. Will the Pre-K center be providing transportation for your child?

- Yes** **No**

Parent/Guardian Signature _____

Date _____