Date:_____ **PID ID:**_____	Educational Alliance Early Childhood and Youth Services	**Applying for:** ☐ Early Head Start ☐ Head Start ☐ Early Learn ☐ UPK **Locations:** ☐Manny Cantor Center ☐Lillian Wald ☐PS 64 ☐PS 140 ☐PS 142 ☐Home-based ☐Extended Day ☐First Available Seat ☐Part-Time ☐Full-Time

Family Development Options

(At Ed Alliance, we want every parent to participate in one or more of the following programs. Family all-inclusive learning experiences are grouped into pathways of interest. Please rank in order of interest 1- 3, with 1 as most interested)

_____ **Family Well-Being & Parenting (Parenting Education, Parent Support Groups, Father/Male Involvement)**

_____ **Adult Education and Career (ESOL, HSE/GED, Job Search, Career Coaching, Financial Coaching)**

_____ **Community Leadership (Classroom Representative, Parent Leaders, School Involvement)**

Child's Last Name	Child's First Name	Child's DOB	Child's Gender

1. Parent/Guardian	2. Parent/Guardian	Language(s) Spoken
First Name:_____	**First Name:**_____	**1)** _____
Last Name:_____	**Last Name:** _____	**2)** _____
Address: _____	**Address:** _____	**How did you hear about our program?**
Apt # _____	**Apt #** _____	☐ Family ☐ Friends ☐ Website ☐ Email
Zip Code _____	**Zip Code** _____	☐ Flyer ☐ Other
Relationship to Child:	**Relationship to Child:**	
Contact Information	**Contact Information**	**Is anyone in your household pregnant?**
Home: _____	**Home:** _____	☐ Yes ☐ No **Due date:**
Cell: _____	**Cell:** _____	**Name(if not yourself):**
Work: _____	**Work:** _____	**Relationship:**
Email:	**Email:**	

Race (Check all that apply)

C= Child, P/G1= Parent/Guardian 1, P/G2= Parent/Guardian 2

☐**Asian** (Far East, Southeast Asia, Indian Subcontinent)	C	P/G1	P/G2
☐**American Indian / Alaskan Native**	C	P/G1	P/G2
☐**Black** (African American/of a Black racial group)	C	P/G1	P/G2
☐**Native Hawaii / Pacific Islander**	C	P/G1	P/G2
☐**White** (Europe, Middle East, North Africa)	C	P/G1	P/G2
☐**Other** (Race not listed)	C	P/G1	P/G2
☐**Unspecified/Unknown**	C	P/G1	P/G2

Ethnicity

☐ **Hispanic / Latino Origin**
C, P/G1, P/G2

☐ **Non-Hispanic / Non-Latino Origin**
C, P/G1, P/G2

HOUSEHOLD MEMBERS (Other than Applicant or Parents/Legal Guardians)

	Name	DOB	Gender	Languages Spoken	Relationship to Child	Financially Supported (√)
1						
2						
3						
4						

Has your child participated in any other early child care setting? ☐ Yes ☐ No

Type of Program: ☐ Family Day Care ☐ Preschool ☐ Play Groups ☐ Private ☐ Other

Does your child have a sibling currently enrolled in any of our Educational Alliance Programs?
☐ Yes ☐ No **If yes, name of sibling and name of program:**

Does your child have Health Insurance? ☐ Yes ☐ No **If yes, what kind?**

Does your family have Health Insurance? ☐ Yes ☐ No **If yes, what kind?**

Child's Name:	Date of Birth:	PID:

Special Situation or Needs That Our Program Should Be Aware Of

1. Does your child have any diagnosed medical conditions / allergies? □ Yes □ No
If yes, what kind?

2. Does your child receive treatment for the medical conditions / allergies? □ Yes □ No
If yes, what kind?

3. Does your child have any special physical needs? □ Yes □ No
If so, please explain:

4. Do you have any concerns about your child's development or behavior? □ Never □ Sometimes □Frequently
If so, please explain:

5. Has your child ever been screened for any child development concerns (including speech and language)?
□ Yes □ No **If so, please explain:**

If you answered Yes to any questions above, please complete questions 6 - 9.
We need detailed information in order to best serve your child.

6. Is your child currently in the special needs evaluation process? □ Yes □ No

7. Has your child been diagnosed? □ Yes □ No

8. Have you been given an IFSP or IEP? □ Yes □ No **Do you currently have an IFSP or IEP?** □ Yes □ No
(If yes, please provide us with a copy)

9. What services is your child receiving? (please check all that apply) □ST □OT □PT □SEIT
Has your child been recommended for any other services? □ Yes □ No
If yes, please explain:

Selection Criteria: Please indicate whether any of the following categories are applicable to your family.
Check all that apply. This information is CONFIDENTIAL.

□ Active ACS Case
□ Adolescent Parent (21 or younger)
□ Diagnosed Disability Parent
□ English is a second language
□ Foster Child
□ Housing Needs (Homeless/Shelter)
□ Housing Needs (Unsafe/Overcrowded)
(# of people_____ / # of bedrooms _____)
□ Parents are immigrants within the last 3 years
□ Parent / Child in Counseling
□ One Parent Incarcerated/Recently Discharged
□ Both Parents Incarcerated/Recently Discharged

□ Parent in School / Training/Employed
□ Receiving Preventive Services (Court/ACS Mandated Services, Family Preservation Services, ACS Preventive Services)
□ Parent enrolled in Job Center
□ Sibling enrolled in EC&E Program in upcoming school year
Program/Site: _____
□ One- Parent Household
□ One-Parent Household Unemployed
Two-Parent Household Unemployment:
□ One Parent Unemployed □ Both Parent Unemployed
Referred from Outside Agency: _____
□ Other: _____

Is there anything else you would like us to know about your child / family at this time?

_____

_____

DISCLAIMER

By submitting this application I confirm that all information provided is true and accurate at this time. I understand that any misstatement, omission, or statement of facts that are subsequently found to be false may prejudice or forfeit an offer of admission to the program.

Parent/Guardian Signature: _____ **Date:** _____

Staff Assisting w/Application: _____ **Date:** _____

Staff Received Application: _____ **Date:** _____