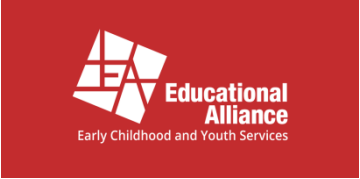


Date: _____  (Office Use Only) PID ID: _____		<b>Applying for:</b> <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Early Learn <input type="checkbox"/> UPK <input type="checkbox"/> First Available Seat <b>Locations:</b> <input type="checkbox"/> Manny Cantor Center <input type="checkbox"/> Lillian Wald <input type="checkbox"/> PS 64 <input type="checkbox"/> PS 142 <input type="checkbox"/> Home-based <input type="checkbox"/> Extended Day
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**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)**

<b>Child's Last Name</b>	<b>Child's First Name</b>	<b>Child's DOB</b>	<b>Child's Gender</b>
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<b>1. Parent/Guardian</b> First Name: _____ Last Name: _____ Address: _____ Apt # _____ Zip Code _____ Relationship to Child: _____	<b>2. Parent/Guardian</b> First Name: _____ Last Name: _____ Address: _____ Apt # _____ Zip Code _____ Relationship to Child: _____	<b>Language(s) Spoken</b> 1) _____ 2) _____  <b>How did you hear about our program?</b> <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> Flyer <input type="checkbox"/> Other
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<b>Contact Information</b> Home: _____ Cell: _____ Work: _____ Email: _____	<b>Contact Information</b> Home: _____ Cell: _____ Work: _____ Email: _____	<b>Is anyone in your household pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Due date:</b> _____ <b>Name(if not yourself):</b> _____ <b>Relationship:</b> _____
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<p style="text-align: center;"><b>Race (Check all that apply)</b></p> <p style="text-align: center;"><i>C= Child, P/G1= Parent/Guardian 1, P/G2= Parent/Guardian 2</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> <b>Asian</b> (Far East, Southeast Asia, Indian Subcontinent)</td> <td style="text-align: center;">C</td> <td style="text-align: center;">P/G1</td> <td style="text-align: center;">P/G2</td> </tr> <tr> <td><input type="checkbox"/> <b>American Indian / Alaskan Native</b></td> <td style="text-align: center;">C</td> <td style="text-align: center;">P/G1</td> <td style="text-align: center;">P/G2</td> </tr> <tr> <td><input type="checkbox"/> <b>Black</b> (African American/of a Black racial group)</td> <td style="text-align: center;">C</td> <td style="text-align: center;">P/G1</td> <td style="text-align: center;">P/G2</td> </tr> <tr> <td><input type="checkbox"/> <b>Native Hawaii / Pacific Islander</b></td> <td style="text-align: center;">C</td> <td style="text-align: center;">P/G1</td> <td style="text-align: center;">P/G2</td> </tr> <tr> <td><input type="checkbox"/> <b>White</b> (Europe, Middle East, North Africa)</td> <td style="text-align: center;">C</td> <td style="text-align: center;">P/G1</td> <td style="text-align: center;">P/G2</td> </tr> <tr> <td><input type="checkbox"/> <b>Other</b> (Race not listed)</td> <td style="text-align: center;">C</td> <td style="text-align: center;">P/G1</td> <td style="text-align: center;">P/G2</td> </tr> <tr> <td><input type="checkbox"/> <b>Unspecified/Unknown</b></td> <td style="text-align: center;">C</td> <td style="text-align: center;">P/G1</td> <td style="text-align: center;">P/G2</td> </tr> </table>	<input type="checkbox"/> <b>Asian</b> (Far East, Southeast Asia, Indian Subcontinent)	C	P/G1	P/G2	<input type="checkbox"/> <b>American Indian / Alaskan Native</b>	C	P/G1	P/G2	<input type="checkbox"/> <b>Black</b> (African American/of a Black racial group)	C	P/G1	P/G2	<input type="checkbox"/> <b>Native Hawaii / Pacific Islander</b>	C	P/G1	P/G2	<input type="checkbox"/> <b>White</b> (Europe, Middle East, North Africa)	C	P/G1	P/G2	<input type="checkbox"/> <b>Other</b> (Race not listed)	C	P/G1	P/G2	<input type="checkbox"/> <b>Unspecified/Unknown</b>	C	P/G1	P/G2	<p style="text-align: center;"><b>Ethnicity</b></p> <input type="checkbox"/> <b>Hispanic / Latino Origin</b> C, P/G1, P/G2 <input type="checkbox"/> <b>Non-Hispanic / Non-Latino Origin</b> C, P/G1, P/G2
<input type="checkbox"/> <b>Asian</b> (Far East, Southeast Asia, Indian Subcontinent)	C	P/G1	P/G2																										
<input type="checkbox"/> <b>American Indian / Alaskan Native</b>	C	P/G1	P/G2																										
<input type="checkbox"/> <b>Black</b> (African American/of a Black racial group)	C	P/G1	P/G2																										
<input type="checkbox"/> <b>Native Hawaii / Pacific Islander</b>	C	P/G1	P/G2																										
<input type="checkbox"/> <b>White</b> (Europe, Middle East, North Africa)	C	P/G1	P/G2																										
<input type="checkbox"/> <b>Other</b> (Race not listed)	C	P/G1	P/G2																										
<input type="checkbox"/> <b>Unspecified/Unknown</b>	C	P/G1	P/G2																										

HOUSEHOLD MEMBERS (Other than Applicant or Parents/Legal Guardians)						
#	Name	DOB	Gender	Languages Spoken	Relationship to Child	Financially Supported (v)
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:
<b>Special Situation or Needs That Our Program Should Be Aware Of</b>		
1. Does your child have any diagnosed medical conditions / allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?		
2. Does your child receive treatment for the medical conditions / allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?		
3. Does your child have any special physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:		
4. Do you have any concerns about your child's development or behavior? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently If so, please explain:		
5. Has your child <u>ever been screened for any child development concerns (including speech and language)</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:		
If you answered Yes to any questions above, please complete questions 6 - 9. <b>We need detailed information in order to best serve your child.</b>		
6. Is your child currently in the special needs evaluation process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Has your child been diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Have you been given an IFSP or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently have an IFSP or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide us with a copy)		
9. What services is your child receiving? (please check all that apply) <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SEIT Has your child been recommended for any other services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
<b>Selection Criteria: Please indicate whether any of the following categories are applicable to your family. Check all that apply. This information is CONFIDENTIAL.</b>		
<input type="checkbox"/> Active ACS Case <input type="checkbox"/> Adolescent Parent (21 or younger) <input type="checkbox"/> Diagnosed Disability Parent <input type="checkbox"/> English is a second language <input type="checkbox"/> Foster Child <input type="checkbox"/> Housing Needs (Homeless/Shelter) <input type="checkbox"/> Housing Needs (Unsafe/Overcrowded) (# of people _____ / # of bedrooms _____) <input type="checkbox"/> Parents are immigrants within the last 3 years <input type="checkbox"/> Parent / Child in Counseling <input type="checkbox"/> One Parent Incarcerated/Recently Discharged <input type="checkbox"/> Both Parents Incarcerated/Recently Discharged	<input type="checkbox"/> Parent in School / Training/Employed <input type="checkbox"/> Receiving Preventive Services (Court/ACS Mandated Services, Family Preservation Services, ACS Preventive Services) <input type="checkbox"/> Parent enrolled in Job Center <input type="checkbox"/> Sibling enrolled in EC&E Program in upcoming school year Program/Site: _____ <input type="checkbox"/> One- Parent Household <input type="checkbox"/> One-Parent Household Unemployed Two-Parent Household Unemployment: <input type="checkbox"/> One Parent Unemployed <input type="checkbox"/> Both Parent Unemployed Referred from Outside Agency: _____ <input type="checkbox"/> Other:	
Is there anything else you would like us to know about your child / family at this time? _____ _____		
<b><u>DISCLAIMER</u></b>		
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: _____