The Village for Early Childhood Education

Family Information

1. Child's Name _____

2. Child lives in _____ County; City of Littleton __ Centennial __Other _____
   How many places has this child lived in the past year? ___

3. What language(s) does your child speak/understand? _____
   What language(s) is most spoken by the adults in the home? _____
   Is the language development of your child similar to others of the same age?
   ___Yes ___ No ___ Don't know

4. Child lives with (**circle one**): both parents Mother Father Other:_____
   Do you live in (**circle one**): your own residence with relatives/friends/others
   If not living with both parents, how often does your child see mother/father? _____

   Are there any custody issues or restraining orders? _____
   Please supply a copy of court order if the school needs to be aware of any special instructions in a divorce decree, restraining order, etc.

   If child does not have contact with father/mother is there a positive male/female role model?
   Yes ___ No___ If yes, who? _____

5. Information regarding child's mother:
   Name _____ Date of Birth _____
   Highest grade completed _____; GED: Yes____ No____
   married common law separated/divorced remarried single widowed

6. Information regarding child's father:
   Name _____ Date of Birth _____
   Highest grade completed _____; GED: Yes____ No____
   married common law separated/divorced remarried single widowed

If you are applying for Colorado Preschool Program or Head Start <u>you must</u> complete the following section. Priority acceptance will be given to children with the greatest documented need based on this form and the proof of income information. Please explain any items you check.

___ Concerns about the child's language development _____

___ Concerns about child's social skills _____

___ Child's serious health problems _____

___ Family history of drug/alcohol abuse _____

___ Member of the child's family with a diagnosed disability or receiving SSI _____

___ Family history of learning challenges _____

___ Family history of physical abuse, emotional abuse, sexual abuse, neglect _____

___ Current or past incarceration of parent/guardian _____

___Family history of mental health concerns _____

Child Information

1. Has your child attended daycare or preschool previously? **(circle one)** yes no
   If yes, what is the name of the daycare or preschool, what school district was this in and was your child funded by Special Education Services, the Colorado Preschool Program, or the Head Start program?

2. Has your child received, or ever been eligible to receive special services or therapies (e.g. speech/language, motor, behavior consultation, social/emotional)?
   (circle one) yes no
   If yes, please explain:

3. Do you have any concerns about how your child talks or understands what you say? yes no
   Please explain:

4. Do you have any concerns about how your child uses his/her arms, legs, hands or fingers?
   yes no, please explain:

5. Do you have any concerns about how your child is learning preschool skills? yes no
   Please explain:

6. Do you have any concerns about how your child gets along with others? yes no
   Please explain:

7. Do you have any concerns about how your child behaves? yes no
   Please explain:

8. Do you have any concerns about how your child is able to attend to an activity or task? yes no
   Please explain:

Accidents and Allergies

1. Does your child have any allergies? (food, medications, seasonal, animals, insects) yes no
   Please explain:

2. Has your child ever had a serious physical injury? yes no
   Please explain:

3. Has your child ever had a hospitalization/operation? yes no
   Please explain:

Health Concerns

Check any of the following that your child has recently experienced or re-occur most often:

___ Asthma	___ Bowel/bladder problems	___ Hearing concerns	___ Eczema
___ Chicken Pox	___ Pneumonia	___ Dental needs	___ Hives
___ Stomach problems	___ Seizures	___ Ear infections	___ Croup
___ Heart problems	___ Vision problems	___ Strep throat	___ Other:

Is your child taking any medications? yes no
Explain:

Is your child eligible to receive Medicaid benefits? yes no Child's ID #_____

I give permission for my child to have screenings as part of enrollment at The Village for Early Childhood Education.

Signature of parent/legal guardian_____ Date _____