



## APPENDIX C

## Alabama First Class Pre-Kindergarten Program Family Information Form

Children must be 4 years old on or before September 1, 2016 to be eligible for the 2016-2017 school year.

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

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Child's Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Child's Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Primary Language Spoken at Home: \_\_\_\_\_ Child's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*

Race/Ethnicity of Child: (circle one): Black-African American / White / Latino - Hispanic / Asian / Native Hawaiian - Other Pacific Islander / American Indian - Alaskan Native / More Than One Race

Legal Guardian 1: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_

Legal Guardian 2: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address same as Guardian #1: ☐ Yes ☐ No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_

Children Live With: ☐ Guardian #1 ☐ Guardian #2 ☐ Both

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Can this person pick up child from school? ☐ Yes ☐ No

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Can this person pick up child from school? ☐ Yes ☐ No

\* Failure of a parent or guardian to provide a child's Social Security Number will not bar a child from being enrolled in the First Class Pre-K program. Federal and State laws require The Alabama Department of Early Childhood Education and its grantees to protect Social Security Numbers from disclosure to unauthorized parties

**Medical/Developmental Diagnoses:** \_\_\_\_\_

**Name of Medical Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Family Income:**

Number of Family Members: \_\_\_\_\_ Gross

Yearly Income: \$ \_\_\_\_\_

\_\_\_ Declined to Answer \_\_\_ Information Provided by Parent \_\_\_ Information Provided by Other

**Please check all that apply:**

\_\_\_ Family Assistance      \_\_\_ SANP      \_\_\_ Medicaid      \_\_\_ Lunch Program  
 \_\_\_ Childcare      \_\_\_ Head Start      \_\_\_ WIC      \_\_\_ TANF  
 \_\_\_ Not Applicable

**Please answer the following questions: (Please circle your response)**

Is your child currently receiving services from the local school system? YES NO  
 If yes, what services? \_\_\_\_\_

Does your child have a current Individualized Education Plan (IEP, EI, ISFP) YES NO

Has your child attended Early Head Start or Head Start YES NO  
 \_\_\_ less than \_\_\_ 1 year \_\_\_ 1 year more than 1 year

Has your child attended a center based child care program? YES NO  
 \_\_\_ less than \_\_\_ 1 year \_\_\_ 1 year more than 1 year

Has your child attended a home based child care program? YES NO  
 \_\_\_ less than \_\_\_ 1 year \_\_\_ 1 year more than 1 year

Has your child participated in a home visiting program? YES NO  
 \_\_\_ less than \_\_\_ 1 year \_\_\_ 1 year more than 1 year

Has your child attended another preschool program? YES NO  
 \_\_\_ less than \_\_\_ 1 year \_\_\_ 1 year more than 1 year

Are you a parent of a child under 19? YES NO

Do you have any related children under 19 living with you? YES NO

Do you receive help with the cost of childcare for your child(ren) through the Childcare Management Agency or JOBS? YES NO

The child must be an Alabama resident and maintain residency while enrolled. For purposes of this program Alabama resident is defined as a child who resides in the state of Alabama, with proof of residence (e.g. current utility bill). School systems may restrict residency to their school districts, but a written policy adopted by the local Board of Education must be in place in order to restrict enrollment.

I understand upon admission into First Class, I will be asked to provide evidence of up-to-date immunizations (blue card) or signed religious beliefs affidavit against such immunizations for my child. I understand there may be a tuition fee associated with participation in this program.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_