

APPENDIX P-2
First Class Pre-Kindergarten Program

Child Demographic and Registration Form

Name of Program _____ County _____

Child's Name _____ Date of Birth ___/___/___ Gender ___ Native
Language _____
Please Print MM/DD/YYYY M/F

Race/Ethnicity of the Child: (circle one) Black/White/Hispanic/Asian/Other Disability: Yes/No
Emergency Contact Name _____ Phone _____

Parent Information

Name _____ Parent's SSN _____ - _____ - _____
Street _____ City _____ State _____ Zip
Code _____
Phone Number _____

Please Circle Yes or No

- 1a. Are you a parent of a child under 19? Yes/ No b. Do you have any related children under 19 living with you? Yes/ No
2. Do you receive Family Assistance benefits from the Department of Human Resources? Yes/No
3. Do you receive food stamp benefits? Yes/ No
4. Do you or your children receive Medicaid benefits or All Kids? Yes/ No
5. Do your child(ren), under the age 19, living with you, participate in the reduced or free lunch program at school? Yes/ No
6. Do you receive help with the cost of childcare for your child(ren) through the Childcare Management Agency or JOBS?
Yes/ No
- 7a. Does your child(ren) attend Head Start? Yes/ No b. Do your child(ren) receive WIC? Yes/No

AFFIRMATION: I certify under penalty of perjury that the information given above, including family size and gross income, is correct and true to the best of my knowledge.

Client Signature _____ Date _____

Witness if Signed by X _____ Date _____

To be filled out by teacher

Report Month _____	Enrollment Date _____	Withdrawal Date _____
Reason for Withdrawal _____		
Parent Fee Amount _____		
Disability information _____		
Services Child is Receiving _____		