

Date: __/__/__



Excellence in Academics, Activities, and Character

Adult living at this address

Parent or Guardian (Full Legal Name) _____ (Maiden) _____ Male Female Birthdate _____

Parent or Guardian (Full Legal Name) _____ (Maiden) _____ Male Female Birthdate _____

Address _____ Apt # _____ City _____ Zip _____

Home Phone Number _____ Cell (Mom) Phone Number _____ Cell (Dad) Phone Number _____

List all children under age 21 living in the household

Legal Last Name	First Name	Middle Name	Gender	Birthdate	School Attending/ Preschool/ECFE	Pre-K/ECFE/Grade
			Male/Female			
			Male/Female			
			Male/Female			
			Male/Female			
			Male/Female			

Office Use Only:

Interpreter

Immunization

ECSE/EI Volunteer:

01: Not participating

02: Classroom Volunteer

03: Parent advisory Committee

99: Other (donations, etc.)

Fee:

01: Full fee

02: 1/2

03: No fee/Scholarship

03: ECSE 04: ECSE

Funding Source:

P1: Pathway 1/P2: Pathway 2

P1: Parent Fee

02: School Readiness

03: ECSE 04: ECSE

Special Education Status

01: Child has IEP or No Special Needs

02: Child has special needs,

but is not eligible for special educational services

___ Early Childhood Family Education ___ School Readiness School Year _____

GENERAL INFORMATION: This questionnaire should be completed only **ONE TIME** per school year **FOR EACH FAMILY ENROLLED** in the Early Childhood Family Education (ECFE) and/or the School Readiness Program. Each family is asked to voluntarily provide participant information that will be used for local and state program planning and evaluation. If you do not provide this information, it will not prevent you or your child from participating in ECFE or School Readiness. Only one family member should complete this questionnaire. **DO NOT** write your name on this form. The information that you provide will be kept confidential and **WILL NOT** be directly connected with you or your family.

THANK YOU FOR YOUR HELP IN IMPROVING THESE PROGRAMS

1. Your age (mark one):

- ___ a. Under 20 years old ___ c. 30 to 39 years old
___ b. 20 to 29 years old ___ d. 40 years old or older

2. Your *highest* level of school completed (mark only one)

- ___ a. 8th grade or less ___ e. Associate Degree
___ b. Some high school ___ f. Bachelor's Degree
___ c. High School diploma /GED ___ g. Graduate or professional school degree
___ d. Some college or trade school beyond high school

3. Your current job status (mark only one)

- ___ a. Employed 25 hours or more per week ___ c. Unemployed, seeking employment
___ b. Employed less than 25 hours per week ___ d. Not employed, not seeking employment

4. Your household's total yearly income, before taxes (mark only one)

- ___ a. Under \$10,000 ___ e. \$40,000 to \$49,999
___ b. \$10,000 to \$19,999 ___ f. \$50,000 to \$74,999
___ c. \$20,000 to \$29,999 ___ g. \$75,000 or more
___ d. \$30,000 to \$39,999

5. The racial/ethnic background of your child(ren) (mark only one)

- ___ a. White ___ e. Native Hawaiian or other Pacific Islander
___ b. Black/African/African American ___ f. American Indian/Alaskan Native
___ c. Hispanic or Latino ___ g. Other, single race
___ d. Asian ___ h. Other, two or more races

6. Primary language spoken at home (mark all that apply)

- ___ a. English ___ e. Laotian ___ i. Spanish
___ b. Arabic ___ f. Oromo ___ j. Somali
___ c. Cambodian ___ g. Russian ___ k. Vietnamese
___ d. Hmong ___ h. Serbo-Croatian ___ Other _____

For Participants in ECFE ONLY:

ECFE is required to serve both parents and relatives of children. Please indicate your status with regard to the child(ren) you have brought to ECFE:

- ___ Parent (biological and adoptive)
___ Relative (noncustodial grandparents of young children or other persons related to a child by blood, marriage, adoption or foster placement)