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Note: Eligible children must be prenatal through age 5 and must not yet be attending kindergarten. Forms should be completed only for eligible children in a family

For Office use only
Family #
Child #
Unique ID Code
District Name

CHILD'S INFORMATION (2009-2010)

Child's Name: (First Name) (Middle Initial) (Last Name)

Boy Girl

Child's S.S. #

Child's Date of Birth: Month Day Year

Child's Place of Birth: City State

Address: (Street) (Apt/Lot #) (City) (Zip Code)

Parent # 1 Name: Female Male

Parent # 2 Name: Female Male

Parent # 1 Date of Birth: Month Day Year

Parent # 2 Date of Birth: Month Day Year

Does the child live with Parent #1? Full Time Limited Visits Part Time No Contact

Does the child live with Parent #2? Full Time Limited Visits Part Time No Contact

Highest Level of Education and Ethnicity of Parent:

Parent #1 (check one): Grade Completed, High School Diploma, G.E.D., Vocational/Trade School, College, 2 year, B.S. degree, Graduate School
Parent #1: Caucasian/White, Latino/Hispanic, African American/Black, American Indian, Asian/Pacific Islander, Eskimo, Biracial, Other

Highest Level of Education and Ethnicity of Parent:

Parent #2 (check one): Grade Completed, High School Diploma, G.E.D., Vocational/Trade School, College, 2 year, B.S. degree, Graduate School
Parent #2: Caucasian/White, Latino/Hispanic, African American/Black, American Indian, Asian/Pacific Islander, Eskimo, Biracial, Other

Parent #1 Occupation:

Parent #2 Occupation:

Parent #1 Employment: (check all that apply) Full Time, Part Time, Unemployed, Retired, Student, Self-employed

Parent #2 Employment: (check all that apply) Full Time, Part Time, Unemployed, Retired, Student, Self-employed

Child's Ethnicity (check only one)

Caucasian/White, Latino/Hispanic, African American/Black, American Indian, Asian/Pacific Islander, Eskimo, Biracial, Other

Are your child's immunizations up-to-date? Yes No Not Sure

Does your child have health insurance: Medicaid Mi Child Private None Other

Does your child attend any day care or pre-kindergarten educational program? Yes No

If yes, please check all programs your child is currently enrolled in:

Daycare/Nursery, Preschool, Early Head Start, Head Start, Early On, MSS-ISS, Michigan School Readiness Program (4 yr olds), Early Childhood Programs & Services (Special Education), Other

Parent/Legal Guardian/Caregiver Signature:

date: / / relationship to child:

White - GISD Copy

Canary - District Copy

Pink - Parent Copy